

How does the Diagnosis of Breast Cancer
Affect Interpersonal
Relationships?

by

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Abstract

This research project explored women's interpersonal relationships as individuals manage the critical illness of breast cancer. For many women, the diagnosis of breast cancer is a major physical battle; but also an ultimate emotional challenge that can affect every relationship in her life. "From friendships to romance, from being a parent to being a daughter, the way she relate to everyone and the way they relate to her, can be affected" (Bouchez, 2007, p. 3).

For some women, breast cancer can turn casual friendships into deep meaningful bonds, brings couples closer, help family units become stronger and cohesive. However, for other women dealing with breast cancer can be a lonely and isolating time, as individuals the women reply on seem to disappear. Bouchez (2007) identified an individuals' willingness to let others share the burden of breast cancer as one indicator of how relationships be affected.

This study examined breast cancer diagnosis, support systems, coping with breast cancer, attitudes toward breast cancer and the effects breast cancer has on interpersonal relationships. Participants in the study included 33 breast cancer survivors located in Barron County, Wisconsin.

Fifty-one point five percent of women fell into the category of 56-65 years old. This group of breast cancer survivors reported that (69.7%) of them are married or committed to long term relationships. Sixty-three percent of women reported that their husband or partner provided excellent support. Over ninety-six percent of women stated that their overall support system was good to excellent. Over seventy-five percent (75.8%) of participants agreed to strongly agree that their current relationships is satisfying.

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Acknowledgments

I write this paper in great honor and beautiful memory of my mother, Marjorie Ann Kucko who was diagnosis in May, 1997 with breast cancer and loss her battle June, 2007.

What Cancer Cannot Do

By: unknown author

Cancer is so limited
It cannot cripple love
It cannot shatter hope
It cannot corrode faith
It cannot destroy peace
It cannot kill friendship
It cannot suppress memories
It cannot silence courage
It cannot invade the soul
It cannot steal eternal life
It cannot conquer the spirit
Cancer is so limited

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Chapter I: Introduction

When a person is told that she has cancer, the diagnosis affects not only the patient, but their family and friends. The breast cancer patient may feel scared, uncertain, or angry about the unwanted changes cancer is bringing into her life and her family. Once a person hears the word “cancer”, it is not uncommon for that person to shut down mentally. The patient may feel numb or confused (American Cancer Society: Eyre, H., Lange, D., & Morris, L., 2009).

When a person learns she has cancer, personal beliefs and experiences help the patient figure out what the diagnoses means and how to handle it. When people are diagnosed with cancer, they may look closely at their religious beliefs, their personal and family values, and what’s most important in their life. Accepting and figuring out how cancer fits into your life is challenging (American Cancer Society: Eyre, H., Lange, D., & Morris, L., 2009).

After the diagnoses of cancer, the person may be feeling a mix of emotions like shock, disbelief, fear, anxiety, guilt, sadness, grief, depression and anger. Each person may experience some or all of these feelings. Each individual will handle them in a different way. The first emotion a person may encompass may be shock, because no person is ready to hear that he or she has cancer (American Cancer Society: Eyre, H., Lange, D., & Morris, L., 2009).

Anger may be rooted by fear. The fear of losing your life and the fear of what this intruder will mean to your relationships, finances, plans and exceptions. Fear cripples the ability to fight. “I’ve learned that courage isn’t the absence of fear. It’s moving forward through fear” Margaret said (Knox, 2004 p. 13). Conquering fear may just be the biggest battle won and hope may help. Hope helps to defeat fear (Knox, 2004).

Cancer can change the person’s sense of self and their future. Grief is a normal response; a breast cancer survivor will give up old ideas of self and begins to develop ways to cope with

the new, unwanted changes of life. Sharing can help, if the cancer patient shares their grief with someone close to them. Cancer survivors' feelings need care just like their physical body also needs care (American Cancer Society: Eyre, H., Lange, D., & Morris, L., 2009).

Breast cancer means dreams canceled and lives rearranged. Many women reveal the true emotional devastation on this disease does not begin for them until a year to eighteen months after their diagnosis. Morality issues eliminate us and patients and their families need to heal both physically and emotionally. They must accept that everything and everyone has changed. How a person views change will determine the ease they will face during this into the future after breast cancer (LaTour, 1993).

A major life stressor, such as breast cancer, affects not only the individual but the lives of their partners, spouses, children, friends, and others in their social network. Coping with a chronic illness requires the couple to advance through cycles as they first cope with the diagnoses and then later cope with the demands of living with cancer through the years (Kayser, Wayson, & Andrade 2007).

Patients may feel angry; some may direct their anger towards family members, friends, or health professionals; this although not done purposely. If the cancer patient is only trying to vent her feelings, she needs to let people know that it not their fault and they don't expect them to solve her problems. Breast cancer patients sometimes just need someone there to listen (American Cancer Society: Yoo G., Aviv C., Levine E., Ewing C., & Au, A., 2009).

One important thought is to stay informed about one's health to help assure the best possible outcome. There maybe times that there is too much information to be absorbed or to be dealt with at one time. At this point in time, it is best to say, "Stop. Let me deal with one thing at

a time.” Is extremely important in the patient’s care to be able to understand what the issues really are. Make it clear that you want more details at a later date (Hirshaut & Pressman, 2004).

Patients need to work through the feelings when dealing with cancer. How breast cancer survivors feel can affect how they look at themselves, how they view life, and what decisions they make about treatment. As humans, we are unable to change many things in our lives. They most focus on what they can change in order to gain a greater sense of control over the situation (American Cancer Society: Yoo G., Aviv C., Levine E., Ewing C., & Au, A., 2009).

The American Cancer Society, 2009 has identified the following:

- Breast cancer is the most common cancer among women in the United States with the exception of skin cancer.
- Breast cancer is the second leading cause of cancer related deaths in women, after lung cancer.
- The chance of a woman to have invasive breast cancer is about one in eight. The breast cancer rate mortality is one in 35.
- Breast cancer mortality rate has slightly declined due most likely to the result of early detection and improves treatment. In the present time, about 2.5 million breast cancer survivors are living in the United States (American Cancer Society, 2009).

Statement of the Problem

This study will examine the impact of the breast cancer diagnosis on the patient, and their relationships. Breast cancer affects the patient and also, the patient’s partner, children, extended family, friends, and entire network of support. For many women, the diagnosis of breast cancer presents not only a major physical battle, but an ultimate emotional challenge. This ultimate emotional challenge is one that affects every relationship in her life. The uncertainty of breast

cancer is daunting. In the United States one woman, will die every 13 minutes from breast cancer (American Cancer Society, 2009).

Purpose of the Study

The goal for this research is to bring awareness to the effects that breast cancer has on the patient's relationships and her family. The more awareness, understanding, and research about breast cancer and its effects brings the opportunity for more research and insight strategies to help women across the United States deal with their own breast cancer diagnosis.

The purpose of this research is to address the following objectives:

- Identify length of time breast cancer survivors have been diagnosed. Identify the ages and relationships with significant others at the time of the survey or diagnosis?
- Identify the individuals the breast cancer survivor notified after the breast cancer diagnosis and the representative groups.
- Determine the stage that their breast cancer was diagnosed and what percentage of the breast cancer survivors' fell into each category.
- Identify number and ages of children the breast cancer survivor has at time of survey.
- List the kinds and frequency of treatments the breast cancer survivors' have undergone.
- Critique breast cancer survivors' reaction to their diagnosis in relation to the literature review finding?
- Classify what was the level of support provided by key individuals?
- Analyze how individuals personally cope with the disease of breast cancer and what influenced an individual to share or not share their diagnosis?
- Determine how individuals define breast cancer after their diagnosis/treatment and what are their current attitudes towards their breast cancer?

- Determine what communication methods did the individual use after being diagnosed with breast cancer?
- Analyze how has breast cancer affected their relationships?

Assumptions of the Study

Assumptions of the study are that the participants told the truth and were accurate in describing their situations. Breast cancer patients have different coping mechanisms in their own personal journey of this disease. Not all coping mechanisms are the same. Outcome may influence individual's attitudes or feelings towards others.

Definitions of Terms

Breast Cancer- Breast cancer starts in abnormal cells in the breast. Breast cancer originates from the breast tissue, most commonly from the inner lining of milk ducts or the lobules that supply the ducts with milk. These abnormal cells grow out of control and produce more cells that grow into tumors or growths (American Cancer Society, 2009).

Breast Cancer Stages- Once diagnosis with breast cancer, the doctor will need to find out the extent, or stage of the breast cancer. More testing may be needed for this (American Cancer Society, 2010).

Stage 0: At this stage, means it is in situ cancer. The cancer is still in the place where it first developed. This is the earliest stage of breast cancer (American Cancer Society, 2010).

Stage I: In stage I, means the tumor is smaller than three-quarter of an inch in diameter. It does not appear to have spread beyond the breast (American Cancer Society, 2010).

Stage II: Under this stage, means that the tumor is larger than three-quarters of an inch and/or has spread to the axillary (underarm) lymph nodes. In stage II, the lymph nodes are not stuck to one another or nearby tissue (American Cancer Society, 2010).

Stage III: Classified at this stage, means that the tumor is larger than two inches and/or has spread to axillary lymph nodes that are attached to one another or nearby tissue. Breast cancer tumors of any size, which have spread to the skin, the chest wall, or lymph nodes (which those under the breast or inside the chest) are also included in this stage.

Stage IV: Categorized in stage IV, means the cancer has spread to other organs of the body (American Cancer Society, 2010).

Treatment at Stages: helps the doctors make decisions about further surgery and treatment. If the cancer is still in the breast, surgery is used, with or without radiation therapy. Chemotherapy and hormone therapy are used when cancer cells may have spread to other parts of the body (American Cancer Society, 2010).

In stages I through III, lymph nodes from the underarm are removed and looked at to see how many, if any have cancer cells in them. This helps predict whether any cancer cells have spread to other parts of the body. Also helps doctors, determine what kind of treatment is needed to treat the breast cancer (American Cancer Society, 2010).

Breast Cancer Recurrence- Cancer is called recurrent when it comes back after treatment. Recurrence can be local (in the same breast or near the mastectomy scar) or in a distant area. Cancer that is found in the opposite breast is not a recurrence. It is a new cancer that requires its own treatment (Merriam-Webster Dictionary, 2011).

Breast Cancer Survivor- Not generally used as a medical word, the term survivor can have several different meanings when applied to people with cancer. Some people use the word to refer to anyone who has been diagnosed with cancer. For example, someone living with cancer may be considered a survivor. Some people use the term when referring to someone who has completed cancer treatment. Others believe that a person is a survivor if he or she has lived

several years past a cancer diagnosis. The American Cancer Society believes that each individual has the right to define his or her own experience with cancer and considers a cancer survivor to be anyone who defines himself or herself this way, from the time of diagnosis throughout the balance of his or her life (American Cancer Society, 2009). In this study, a breast cancer survivor is any woman that has been diagnosis with breast cancer and is living her life now and beyond breast cancer.

Chemotherapy- Chemotherapy or chemo, is a treatment with cancer-fighting drugs that travel through the bloodstream to reach cancer cells anywhere in the body. Chemo is usually given intravenous (IV) or in the vein, but sometime it is in a pill form (American Cancer Society, 2010).

Coping- Is the process of managing taxing circumstances, expending effort to solve personal and interpersonal problems, and seeking "to master, minimize, reduce or tolerate stress" or conflict (Merriam-Webster Dictionary, 2011).

Grief - The normal response to a loss. It is the normal process of reacting both internally and externally to the perception of loss. Grief is a psychological, behavioral, social and physical reaction to the loss of something or someone that is closely tied to a person's identity. Grief reactions may be seen in response to physical or tangible losses or in response to symbolic or psychosocial losses (Merriam-Webster Dictionary, 2011).

Grief Process- This process is commonly known as the five stages of grief. These five discrete stages is a process by which people deal with grief and tragedy, especially when diagnosed with terminal illness. The progression of states is 1. Denial- "I feel fine." "This can't be happening, not to me." Denial is usually only a temporary defense for the individual. 2. Anger- "Why me?" "It's not fair!" Once in the second stage, the individual recognized that

denial cannot continue. Any individual that symbolizes life or energy is subject to projected resentment and jealousy. 3. Bargaining- “Attempting to make deals with God.” “Begging or wishing that their diagnosis was not true.” The third stage involves the hope that the individual can somehow postpone or delay death. 4. Depression- “Overwhelming feelings of hopelessness.” “Feeling lack of control or feeling numb.” During the fourth stage, the dying person begins to understand the certainty of death. The individual may become silent, refuse visitors, and spend much of the time crying and grieving. 5. Acceptance- “I’m going to fight for my life.” “I’m getting all the help and support that’s out there for her.” The individual begins to come to terms with her mortality (Merriam-Webster Dictionary, 2011).

Hormone Therapy- Hormone therapy can be used in a very different way, which is to treat breast cancer. A very common hormone replacement drug is Premarin. The ovaries make estrogen until menopause. Estrogen can fuel the growth of some breast cancer. Hormone therapy for breast cancer is to block or counter the effects of estrogen (American Cancer Society, 2010).

Interpersonal Relationships- This relationship is an association between two or more people that may range from fleeting to enduring. This association may be based on love, solidarity, regular business interactions, or some other type of social commitment. Interpersonal relationships are formed in the context of social, cultural and other influences. The context can vary from family or kinship relations, friendship, marriage, relations with associates, work, clubs, neighborhoods, and places of worship. They may be regulated by law, custom, or mutual agreement, and are the basis of social groups and society as a whole (Bredehoff & Walcheski, 2003).

Lymph nodes- Is any one of many rounded masses of tissue in the body through which lymph passes to be filtered and cleaned (Merriam-Webster Dictionary, 2011).

Radiation Therapy- During radiation treatments, a machine sends high-energy x-rays directly to your breast and possibly to the underarm. The radiation kills cancer cells that may be left in these areas after surgery (Merriam-Webster Dictionary, 2011).

Situ- In situ is the natural or original position or place (Merriam-Webster Dictionary, 2011).

Support- Is a way of giving active help to a person or cause. Making any contribution that is emotional or psychological value of the encouragement. There is also moral support that one can offer someone who is experiencing a difficult situation. One may not be able to offer any concrete assistance except empathy (Merriam-Webster Dictionary, 2011).

Limitations of the Study

Limitations of this study include that there is a large amount of research material available and the researcher attempted to include information that was often duplicated by multiple sources.

Limiting factors include that the researcher assumes the participants will answer all question sincerely and there is no reimbursement of any kind for taking the survey.

Methodology

This study only involves breast cancer women survivors who belong to the YANAS (You Are Not Alone, Sister) located in Barron County, Wisconsin. Women participants whom attended November, 2010 and December, 2010 monthly meeting plus additional 25 surveys were mailed to members that were not at monthly meetings. Women who attended monthly meetings will fill out surveys the moment they are handed the survey. The breast cancer survivors have limited time to recall their thoughts and feelings during the time of their breast cancer diagnosis.

An Institutional Review Board (IRB) approved survey was used to collect data for this current study. This study includes 33 women, members of the breast cancer support group called YANAS (You Are Not Alone, Sister) which is sponsored and supported by Pink Ribbon Advocacy and Marshfield Clinic, located in Barron County, Wisconsin.

The IRB approved survey included 46 questions regarding the effects of breast cancer has on interpersonal relationships. This survey consisted of a section of demographics which covered basic information. Also, there were four other sections that involved questions in regards to breast cancer diagnosis, support system, coping with breast cancer, and attitudes towards her breast cancer. Women participants whom attended November, 2010 and December, 2010 monthly meeting plus addition 25 surveys were mailed to members that were not at monthly meetings.

Chapter two literature review includes critical current knowledge of breast cancer and the affects it has on the patients' interpersonal relationships. Chapter three will provide results of the survey. Chapter four will have conclusions of study and future recommendations of research or change in practices.

Chapter II: Literature Review

The following literature review includes information about physical impact on body and relationships, emotional stages of breast cancer, survivor's coping, impact breast cancer has on survivor's interpersonal relationships, and the affects breast cancer has on children, extended family, and friends.

Physical Impact on Body

To assist with the understanding of breast cancer, it is helpful to know some basics about the normal structure or parts of the breasts. A women's breast is made up of glands that make breast milk called lobules, ducts which are small tubes that carry milk from the lobules to the nipple, fatty and connective tissues, blood vessels and lymph vessels. Most breast cancer begin in the cells that line the ducts, some begin in the lobules, and a small number start in other tissues. Breast cancer is a malignant (cancer) tumor that originates from the cells of the breast (figure 1, American Cancer Society, 2009). Breast cancer is primarily found in women, but men can get breast cancer too. Only one percent of breast cancer occurs in men (American Cancer Society, 2009).

The lymph system is critical because it is a common way that breast cancer can spread. This system consists of several parts. Lymph nodes are small, bean-shaped collections of immune system cells; these cells are important to fight infections. Lymph nodes are connected by lymphatic vessels. Lymphatic vessels are little small veins which carry a clear fluid called lymph (instead of blood) away from the breast. Breast cancer cells can enter into these vessels and begin to grow in lymph nodes throughout the body. It is important to know if cancer cells have spread to lymph nodes (figure 2, American Cancer Society, 2009). If cancer cells have reached this area, there is a higher chance that the cells have entered into the bloodstream and

spread to other place in the body (American Cancer Society, 2009). According to the National Cancer Institute, most recent estimates for breast cancer in the United States are 207,090 new cases of invasive breast cancer and 39,840 deaths from breast cancer (National Cancer Institute, 2010).

Physical Impact on Attractiveness

In the United State, breasts are a symbol of sexuality so men and women attach a high importance towards the physical view of breast (Hirshaut & Pressman, 2004).

Recently, a new attitude has been emerging, especially with young women, that they do not want cover up or shutout the emotions regarding their breast cancer; but want to be proud of their bodies and want to be able to talk about their illness without shame (Hirshaut & Pressman, 2004).

Although not all women may view physical beauty as a central component of their identity, but continuing to feel attractive is most likely an important aspect of adaptations to breast cancer in larger segments of the population (Abend & Williamson, 2002).

The interplay between attitudinal dispositional and interpersonal factors can predict how a physically attractive woman feels following breast cancer diagnosis and treatment. Breast cancer patients may feel physically attractive as a function of both optimism and interpersonal relationships with others (Abend & Williamson, 2002).

Abend & Williamson (2002) proposed that the impact of martial relationship agreement on feeling attractive might be aided by generalized perceptions of social support. Relationship agreement seems to contribute to feeling attractive because one' marital partner promotes increased global perceptions of available support.

Women feel physically attractive in the wake of treatment from breast cancer if they are optimistic and important aspects of their close interpersonal relationships are fulfilled (Abend & Williamson, 2002). The key to better outcomes for optimistic women lies in their more supportive relationships with others. Research indicates that husbands and significant others are important in the women's adjustment to a major life stressors such as a diagnosis of breast cancer (Abend & Williamson, 2002). A woman's agreement with her partner about major life issues may be only one factor. Some women may rely on their husbands less for emotional support than others members of their social networks (Abend & Williamson, 2002).

A breast cancer diagnosis may be the most devastating news that a woman could hear. The breasts are a part of the body that makes a woman feels like a woman. The pain and psychology aspect go hand-in-hand. Psychological effects of breast cancer are an interrelationship of the pain and how a woman defines herself (Richard, 2009).

Research has identified that feelings of physical attractiveness and better overall adjustment among less optimistic breast cancer patients can be enhanced by strategies to improve levels of agreement in relationship matters and perceptions of available social support (Abend & Williamson, 2002).

Breast Cancer Patient's Emotional Stages

Every stage must be addressed and processed so they may feel and accept losses that breast cancer brings. For many women, this process brought a greater understanding of themselves. One of the greatest wishes for women who are going through or has gone through breast cancer is not to go through this alone (LaTour, 1993).

Stage One

There are three emotional stages of breast cancer. Phase one includes the period directly after diagnoses. Phase one embrace thoughts of their own death. Women begin to understand that breast cancer is not a death sentence through discussion of survival rates and course of treatment. Emotional denial sets in and phase two begins (LaTour, 1993).

Stage Two

Phase two includes thoughts and decision making that deals with surgery and treatment. Women move out of the initial sense of immediate doom and move into the fighting or bargaining stage. Often this stage includes anger, and women are charged to fight back. They have joined forces with their doctors to fight the battle (LaTour, 1993).

Stage Three

The final phase is phase three where treatment begins until treatment ends. The patients have completed all possible medical produces against this disease. In most cases, women report that this stage is where grief work really begins. Women must sort through their losses and integrating as they go (LaTour, 1993).

Breast Cancer Patient's Emotional Journey

Each woman reacts differently to her diagnosis of breast cancer (Pederson & Trigg, 1995). Circumstances, psychological makeup, her resources, coping abilities, and the life cycle may determine how she handles the disease. Because this disease is life-threatening and also a threat to damaging her body image, self-esteem, and sexual life; the impact can be profound for both her and love ones (Pederson & Trigg, 1995). Women felt changed physically and psychologically by the treatment that they received for breast cancer. Psychological responses included feelings of shame, guilt, lose of dignity, embarrassment of body, depression, and low

self-esteem. There is a psychological theme of no longer feeling adequate in their roles as a women and partner (Holmberg, Scott, Alexy, & Fife 2001).

Adjustment is more difficult for women who are young, single, pregnant, or nursing source. These factors may influence the breast cancer treatment plan for each individual. The treatment plan should take in account femininity, body image, iatrogenic menopause, and maternity. Treatment can be more difficult for those who lack a good support system, suffered from mood disorders, or who have engaged in substance abuse (Pederson & Trigg, 1995).

Women who are diagnosed with breast cancer face many challenges. Unlike other diseases, breast cancer carries a direct threat to a women's sense of femininity and attractiveness. How women react to these changes varies with many different factors which include individual characteristics and aspects of their interpersonal relationships (Wimberly, Carver, & Antoni 2008).

As one learns she has breast cancer, forceful emotions are experienced. Emotions like fears, anger, isolation and despair may be common among these women and multiple; questions seem endless. Emotions that accompany breast cancer are persistent. Facing breast cancer takes women to their core beliefs (Knox, 2004). Patients must deal with the emotional aspect of being diagnosed with life-threatening illness along with dealing with worries of the cancer recurring. A number of studies have shown that spousal emotional support is an important predictor of patient's adaptation to breast cancer (Manne, Sherman, Ross, Ostroff, Heyman, & Fox 2004).

Viewing coping as a "process" that people move through is one way to understand the efforts to manage a crisis situation (Pederson & Trigg, 1995). A theory of coping may explain behavioral changes that are noticeable for those experiencing a crisis. Methods may change as the stress increases or diminishes. There are many different coping efforts that appear to be

largely emotional, others are more rational and focused on solving the problem caused by the disease (Pederson & Trigg, 1995).

Identifying coping strategies during other stressful times in life may be applied to the current problem with coping with the diagnosis of breast cancer. Studies have shown that people that engage in new activities, hobbies, and develop themselves adjust better to illness and stressors are more resilient and live longer (Carvalho & Stewart, 2009). The theory behind this is that a person tends to use a different part of the brain and by keeping active both physically and mentally stimulates the immune system (Carvalho & Stewart, 2009). Others that are experiencing the same challenges can be a great support system as a cancer patient is going through treatment and can be an important part of the healing journey (Carvalho & Stewart, 2009).

Extensive research conducted over a number of years has confirmed the diagnosis of breast cancer is a crisis that disrupts all dimension of one's life including physical, psychological, emotional, and social well-being (Holmberg, Scott, Alexy, & Fife 2001). The basic assumption was the crisis of breast cancer is both social and personal phenomenon. Therefore, research on women coping with breast cancer must obtain a deeper understanding of the particular ways in which this illness affects close social relationships and the role associated with them (Holmberg, Scott, Alexy, & Fife 2001).

Grief Process

No one can prepare a woman for the confusion of feelings that accompanies a breast cancer diagnosis. In one sense women loses their entire identity as they make changes necessary to live with this disease. One of the realities of dealing with cancer is the grief process.

According to Dr. Michael Fitzpatrick, “You cannot short-circuit the grief process. It’s just not possible” (LaTour, 1993, p. 248).

Grief is part of the healing process. There is no one correct way to grieve. Women must give themselves permission to experience their losses at their own pace and in their own ways. The best way to get through grief is not denial, but to accept the process rather than pushing it away (Knox, 2004).

When diagnosed with breast cancer, women experiences feelings of being overwhelmed, plus feelings of loss and grief. After the diagnosis, the world that the breast cancer survivor once knew is lost and items. Once taken for granted becomes the focus. The feelings of general loss of control of your health may include fears about survival and lost confidence of self body image. Allowing oneself to experience these feelings of loss and grief to help assist in the grieving process. Breast cancer patients need to set their mind to overcome these feelings and move towards a new life (Carvalho & Stewart, 2009).

Grief Process First Stage: Denial and Shock

A common method of protecting oneself is denial. Denial is an effective short-term method of coping with great stress. Denial allows the body and mind to adjust to the shock. For the most part, the first phase of adjustment usually lasts only a short time. If this phase continues, some women may delay medical treatment (Pederson & Trigg, 1995).

When women are diagnosed with breast cancer it is more than likely that they won’t remember anything their physician tells them and will have no idea how to deal with their problems (Lange, 2005). Many women say that the worst part of their journey is this initial shock that leaves a person confused and not sure how to proceed (Love, 2005).

Women's fear is perfectly understandable and natural and typical for individuals to experience. However, after the first initial shock, most women's desire to survive soon pushes to the forefront (Hirshaut & Pressman, 2004).

The individual with breast cancer must deal with the initial shock and may need to make critical decisions. These critical decisions involve physicians, treatment, family, job, and other disruptions in her life. Breast cancer creates short-term as well as on going physical, emotional, and psychosocial issues. The impact can change family relationships, strain friendships, and cost a patient her job (Pederson & Trigg, 1995).

Emotional recovery is much more complicated than physical recovery (Knox, 2004). Many women feel the least prepared to face a terminal illness. After the initial shock, anger may follow.

Grief Process Second Stage: Anger

Anger is part of the grief response associated with serious loss or illness. A more focused anger may occur as a result of something someone said or did. Emotions are magnified as one fights cancer and the emotional state may reach high intensity (Knox, 2004).

Women often react to a breast cancer diagnosis with anger and most women admit to an intense anger at some point in the experience (Pederson & Trigg, 1995). Anger can be a positive reaction if the breast cancer patient can take a step back from the situation and decide to take positive action. The question of why me can be a common reaction to a breast cancer diagnosis (Pederson & Trigg, 1995).

Grief Process Third Stage: Bargaining Thoughts

Individuals that are facing a life-threatening illness must find the healthy coping methods that work for her (Carvalho & Stewart, 2009).

Some women feel that they are responsible for their illness if they waited too long to go to the doctor or have been careless about her health, especially women who are prone to self-blame (Pederson & Trigg, 1995). These women may have bargaining thoughts or wish that their diagnosis was not be true.

Greif Process Fourth Stage: Depression

Depression is a state of unhappiness and hopelessness. Depression can bring a lowering of activity, quality, vitality or force (Merriam-Webster Dictionary, 2011). Depression is another unwelcomed state that heightens or is instigated by fear. Physical exhaustion increases depression but may decrease with rest. Support groups and counselors can be helpful as they provide insight as someone else who has been through a similar experience. Women who are experiencing breast cancer might feel like being alone, but could benefit from talking with others (Knox, 2004).

As a whole, women with breast cancer have a relatively common problem of depression and are treated for problems of adjustment. Women who were highly functional suggest that a core feature of their self-identity had changed (Holmberg, Scott, Alexy, & Fife 2001).

Grief Process Five Stage: Acceptance

Hopefully, women will realize that breast cancer is not a death sentence. Breast cancer is a treatable disease with survival rates higher today than ever before. One of the best approach a woman can take is willing to do everything possible to be successful in her fight against breast cancer; including a positive attitude (Lange, 2005). Redirecting your energy to fight cancer can save a relationship and keep energy from being destructive (Knox, 2004).

The Major Five Fears

Major fears can be summed up into the “five D’s” that is associated to cancer which includes death, disfigurement, disability, dependence, and disruption of relationships. Another fear may be the fear of severe pain that often accompanies cancer. Some of these fears come from myths or lack of information. Justified fear of pain often results from experiences with family members and friends who have had cancer (Pederson & Trigg, 1995).

Death

One of the five major fear’s associated with cancer is death. Death is the ending of all vital functions or processes in a human being. Many women admitted that fear of dying was their first thought. As time goes on the fear of dying recedes. However, most continue to worry in fear of recurrence (Pederson & Trigg, 1995).

Disfigurement

Another fear associated with cancer is disfigurement. Women may fear through undergoing surgeries, radiation, chemotherapy, and other treatment plans can affect their appearance causing disfigurement to once body. Also, treatments may lead to mood swings, lowered self-esteem, and negative body image (Pederson & Trigg, 1995).

Disability

The frequency of pain varies with the stage and side effects associated with treatment. A common breast pain, mastalgia, causes many women discomfort and concern about cancer. The pain can be cyclical, noncyclical, or pain in chest area. Breast cancer may cause disability in which someone is unable to use a part of their body (Pederson & Trigg, 1995).

Dependence

Dependence is another fear that is associated with cancer. This fear is dealing with the reliance on or trust in somebody or something for help and support. One who is affected by cancer, circumstances, or particular factors (Pederson & Trigg, 1995).

Disruption of relationship

The fear is an unwelcoming or unexpected diagnosis of breast cancer. A breast cancer diagnosis disturbs not only the patient's life, but all of her relationships. Aspects of breast cancer can cause issues with sexual relations and child-bearing (Pederson & Trigg, 1995).

Impact on Interpersonal Relationships

When you or someone you care about is facing breast cancer, it is natural to feel emotions such as bewildered and frighten (Hirshaut & Pressman, 2004). More than likely, a serious threat to our health takes center stage. Other concerns seem to become less important as one learns of their diagnoses of breast cancer. The illness of breast cancer comes along several stressful decisions. Women need to select physicians and the people in their personal support system. The diagnosis of breast cancer is unique due to the fact that there are so many treatment possibilities which is a special challenge to the patient (Hirshaut & Pressman, 2004).

The situation is one that can not be easily controlled and no one can predict what lays ahead (Elk & Morrow 2003). A breast cancer diagnoses changes the woman and her family and their relationships. There are emotional adjustments that women and their families face by dealing with a critical illness within a family (LaTour, 1993).

Giving emotional support seems to be important in situations where one has little control over the stressor and partners are the primary source of emotional support in the adjustment to cancer so therefore it is crucial (Pistrang & Barker 1995).

Spouse emotional support is an important predictor of patients' adaption to breast cancer. Emotional support can take on many forms. A 2004 study focused on three types of responses which included: nurturing and accepting responses, reciprocal self-disclosures, and humorous responses. Out of the 148 couples, half of them reported that they were clinically distressed. Support from their partners was an essential factor in the breast cancer patients' psychological adaptation (Manne, Sherman, Ross, Ostroff, Heyman, & Fox 2004).

Unfortunately, sometimes close family or friends may be too involved in the situation to be objective and not have the need to feel the need to make it all better (Lange, 2005).

Interpersonal relationships effects of breast cancer are how an individual interacts with those who are closest to her. She may feel like a victim in the eyes of family members and friends and it is common for a cancer patient to feel a sense of loneliness. Feelings may worsen if others do not show respect or if people avoid the patient (Richard, 2009).

More women seek out support groups after their breast cancer treatments than any other time of diagnoses or during treatment (Schinipper, 2001). Finding others who share the experience is highly reassuring, empowering and helpful as breast cancer survivors find ways to reclaim their lives as they adapt to a "new normal" (Schinipper, 2001).

Impact on Breast Cancer Survivor's Interpersonal Relationships

When someone you love is diagnosed with breast cancer, it affects the entire family and circle of friends. This situation can be compared to a mobile. A mobile which refers to a hanging sculpture or decoration whose parts are balanced to move in response to air current. Anything that happens to one part of the mobile affects the others. When one piece of the mobile is damaged then the rest of the mobile become unbalanced. It keeps moving in achieving

a new balance. Much of the same can be said about the family and circle of friends (Elk & Morrow 2003).

How the cancer patient and the family responds to the diagnosis will depend on how each family had functioned in the past (Lange, 2005). Families that generally share their feelings with each other are more able to talk about this disease and the changes it will bring typical cope better than families in which each member deals with problems alone or have one member the usually makes all the decisions (Lange, 2005).

Breast cancer is a potential life threatening event that usually involves surgery, chemotherapy and radiation. It is not surprising that patients with this disease typically show high levels of psychological distress and strain in their close relationships (Bolger, Foster, Vinokur, & Ng 1996). Treatment is likely to change their routines and have an emotional impact on them (Shockney, 2010).

Interpersonal relationships play a key role in how people adjust to a life crisis (Wimberly, Carver, & Antoni 2008). The availability of social support has consistently linked better physiological and adjustment to a major illness. Social support is an important predictor of psychological adjustment to breast cancer (Wimberly, Carver, & Antoni 2008).

A life crisis may overwhelm significant others, eroding their ability to provide effective support. Support erosion was found for in distressed patients (Bolger, Foster, Vinokur, & Ng 1996). This erosion may increase further negative effects of distress on social relationships and may undermine support processes.

Bolger, Foster, Vinokur, & Ng(1996), identified that close relationships is a known key resource in dealing with many of life's stressors and may also have limited effectiveness in helping people cope with a crisis such as breast cancer.

Theories of women's psychological development propose that a woman's sense of self develops in relations to others (Zunkle, 2002). Zunkle (2002) suggests that women's development of self emphasizes the importance of connection and relationship and there is evidence that a woman's adaption to breast cancer may be enhanced by close interpersonal relationships. From this point of view, women's close relationships must be considered in any study of coping and adaptation in the face of her illness (Zunkle, 2002).

Trust is fundamental to effective interpersonal relations (Mechanic & Mayor, 2000). Individuals relate to others on the assumption that people generally are who they claim to be, understood norms of behaviors, and will meet their role obligations. Trust is much stronger in families and close friendship networks (Mechanic & Mayor, 2000). However, there are circumstances that cause people to put trust in persons they may not know or only know casually. One such area is that of doctor-patient relationships involving patients that have a serious illness like breast cancer. How such patients make trust determinations and trustworthiness reveals important dynamics of the trust relationship (Mechanic & Mayor, 2000).

Couples may also need to find a balance and allowing unspoken fears and inhibitions to build up may make it difficult to resume a fulfilling physical relationship. After breast cancer, it is especially important now to express each others needs and wants with their partner to achieve a good physical relationship (Hirshaut & Pressman, 2004).

Pistrang and Barker (1995), study of 113 breast cancer patients focused on the partner relationship in providing informal help to help. This study identified (1) the partner relationship may play a particularly important role in adaption to illness; (2) close relationships can be a source of stress as well as support; (3) disclosure and empathy are two central components of informal helping.

Literature on interpersonal relationships suggests that disclosure and empathy are two important components of the helping process (Pistrang & Barker 1995). Self disclosure is an important part of intimacy. The studies found that satisfaction with the partner helping relationship was associated with psychological well-being. Good communication with partner was characterized by high empathy and low withdrawal. Findings suggest that partner play an important role in breast cancer patients' adaptation and interventions aimed at couple's effective way to reducing psychological distress (Pistrang & Barker 1995).

Breast cancer survivors have to decide who they will tell and when they will tell others of their diagnoses. While close family members generally were informed of the diagnoses, some women did not want their colleagues at work or casual friends to know of the diagnoses. Most of the women who informed their colleagues of their illness received emotional and instrumental support (Holmberg, Scott, Alexy, & Fife 2001).

In addition to these relationships, two other sources of support are the health care system and breast cancer support group. Health care professionals can be central to the social network of breast cancer patients during treatment process, providing critical support in the form of information and emotional support. These relationships developed by being ready available, mutual support, honesty, and openness in responding to questions (Holmberg, Scott, Alexy, & Fife 2001).

Some women attended breast cancer support groups, which provides new relationships and may become a stable part of the women's social networks, even years after diagnoses. Many women becoming informal support figures for others and this Thus leads breast cancer enhance their own feelings of worthwhile and important role. In these relationships, it gave survivors the chance to help others as they were once helped or fill the need for others that they felt had not

been adequately met in their own situations. However, when a group member dies of breast cancer it aroused feelings of sadness, guilt, and fear (Holmberg, Scott, Alexy, & Fife 2001).

Spouse's or Significant Other's Impact on Interpersonal Relationship

One of the most important aspects of a support network is a person's marriage or other intimate interpersonal relationship. This unique relationship provides a beneficial source of support for women who are coping with breast cancer. An intimate partner is likely to influence the quality of the women's adjustment to breast cancer through their interpersonal relationship, femininity, and attractiveness (Wimberly, Carver, & Antoni 2008).

Women's spouses, children, parents and friends all go through a grieving process (Knox, 2004). As family members, individuals must respect the individual healing process by giving each other time and space to deal with questions, feelings, and process angry. Responses vary because individuals process differently (Knox, 2004).

Hirshaut & Pressman (2004) recommend that women use whatever resources they can to support themselves emotionally. Actions such as talking to their husband or partner, trusted family members, or friends is beneficial and comforting for individuals to realize they are not alone. Hirshaut & Pressman (2004) also advocate that it is important for women to find an advocate, someone the woman trust, to accompany the patient to medical appointments or help in making treatment decisions.

Lange (2005) noted that patients find it more effective to involve your partner as soon as possible so the two of them can find strength in each other and work as a team. Couples may have difficulty adjusting to the role changes (Lange, 2005).

Friedman, Nelson, Smith, Baer, Lane, & Dworkin (1988) identify gender differences as one factor in the marital satisfaction of healthy husbands and wives. The wives' satisfaction was

related to the frequency of positive affectional behaviors in the relationship. Husbands' satisfaction was related to the frequency of positive instrumental behaviors. Behaviors that are associated in some kind of task oriented purpose (Friedman, Nelson, & Smith, Baer, Lane, & Dworkin, 1988).

The women's satisfaction of her relationships may lie within behaviors. The following conceptual model also describes how satisfaction of relationships can be affected by partner's interactions and coping styles.

The conceptual model of relationship-focused coping identifies protective buffering and active engagement in considering the partner's interactions and coping style plus the patient's coping style (Zunkle, 2002). The processes of coping are shaped by the partner relationship and by what each partner does and how the other partner responds. Both internal and external conflicts may arise when reducing one's own distress and may counteract to what is need to deal with in the relationship (Zunkle, 2002).

When the adjustment is more affective, such psychological distress, the patient's distress is related to martial conflict and not family cohesion. These observations suggest that adjustment to cancer involves a more complex set of conditions in the family than reflected to any single aspect of family life (Friedman, Nelson, Smith, Baer, Lane, & Dworkin, 1988).

Communication Impact on Breast Cancer Survivors

Breast cancer patients have a positive association between adjustment to illness and family cohesion; closeness to other family members is a good thing for women with breast cancer (Friedman, Nelson, & Smith, Baer, Lane, & Dworkin, 1988).

Positive communication with cancer patients reflects compassion and acknowledgement regarding factors common in situations of high stress. An understanding of breast cancer

patients' reactions needs for supportive, interpersonal confirmation from others, and communications skills can reduce the anxiety and confirm their worth as a human being (Heider & Pederson 1979).

Validation is also a key factor in interpersonal communication (Heider & Pederson 1979). The most preferred communication method that partners demonstrated was "appropriated clear positive behavior" also known as confirming behavior (Heider & Pederson 1979). This communication expressed positive feelings, agreeing upon content and responding clearly and giving support to the other person. "Inappropriate-unclear-impersonal" or also known as disconfirming behavior contained behaviors that were classified as impervious, interrupting, irrelevant, impersonal, incongruous, or confusing. This communication may be displayed as anger as family members attempt to cope with breast cancer by denying the illness existence or striking out against family members (Heider & Pederson 1979).

Communication about cancer has changed greatly (American Cancer Society, 2009). The patient and the family have more knowledge of the disease and have increased, talk about their feelings. The media's continued focuses on cancer and general public trend towards openness in discussing self has increased communication among all individuals (Heider & Pederson 1979).

Family Support

Family support is an important factor in the patients' adjustment to a chronic disease like breast cancer (Friedman, Nelson, Smith, Baer, Lane, & Dworkin, 1988). Studies have suggested that adjustment to cancer is better in a family environment with the characteristics of cohesiveness, open expression, and absence of family conflicts (Friedman, Nelson, Smith, Baer, Lane, & Dworkin, 1988). Nevertheless, the fear of cancer leads cancer patients to need more support from their families.

The family theory according to Pederson & Trigg, (1995) can explain how interpersonal strains arise in a family as a result from a traumatic event. The family unit is made up of smaller parts and subsystems. The subsystems are made of various relationships existing between the family members. There are unique relationships between each member of the family with each other. The diagnosis of breast cancer has an immediate impact on the family system and its ability to function in its normal manner. This illness affects the other members. The impact on each family member will differ depending on age, developmental stage, and perceptions of the illness. If parents are more aware of children's typical behaviors during a time of crisis, they can be more prepared to maintain the family stability. How children and other family members cope with the diagnosis of breast cancer may depend on the extent of what they been told and how well their needs are met (Pederson & Trigg, 1995).

Friedman, Nelson, Smith, Baer, Lane, and Dworkin (1988) reported that patients who adjust the best to breast cancer also reported the highest levels of family cohesion. In many cases, cohesion levels are so high that their families would be classified as dysfunctional by the Circumplex Model (Friedman, Nelson, Smith, Baer, Lane, & Dworkin, 1988). Extreme degree of family closeness may be dysfunctional for families under other circumstance, but women with breast cancer have a need for family closeness that goes beyond the norm. Research with cancer patients receiving chemotherapy and their spouses indentified an increase feelings of affections and protectiveness for each other and with a decrease for nonsexual physical closeness (Friedman, Nelson, Smith, Baer, Lane, & Dworkin, 1988). The researchers identified that adjustment to illness was related to the level of family cohesiveness but did not find a relationship between adjustment and family adaptability. Because only one of these variables relates to adjustment, the study may reflect the differing importance of emotional and

instrumental factors to the subjects of the study (Friedman, Nelson, & Smith, Baer, Lane, & Dworkin, 1988).

Perceiving that one can depend on others is an important component of successfully dealing with forms of high stress which includes breast cancer and women with more social support systems adjust better to breast cancer diagnosis, pursue a more aggressive form of treatment, and had have better survival advantage (Abend & Williamson, 2002). A strong cohesive relationship between a woman and her partner, supportive friends and family member may be important contributors to perceptions of social support. Three aspects of interpersonal relationship's including quality including generalized perceptions of available social support, relationships agreement, and changes in sexual functioning may be central components of the extent to which women with breast cancer feel physically attractive (Abend & Williamson, 2002).

Adjustment of family members other than the cancer patient should take in account the person's perceptions of their families' structure. Extreme family closeness may not necessarily be beneficial to the rest of the breast cancer patients' family if this has not been a pattern. Also, the consideration of functioning in addition to the patients' perceptive should be accounted for (Friedman, Nelson, & Smith, Baer, Lane, & Dworkin, 1988).

Children, Extended Family, and Friends Impact on Interpersonal Relationships

One of most challenging tasks the cancer survivor and partner is how to tell your children. Many myths and misperceptions cloud the issue on how to deal with children when their mothers are diagnosed with breast cancer. Some of the myths include the idea that children can be sheltered from all reality, if nothing is said they will not know, and if they know the truth that they will be emotionally damaged (Elk & Morrow 2003).

The first impulse may be to attempt to shield your children from this information. Children's ability to pick up signals are much greater than most people realize and so trying to keep breast cancer a secret is nearly impossible to do. More than likely, children will assume that all is not well and imagine horrors far worse or be misinformed from their classmates (Lange, 2005).

Children of all ages need information and should participate in this family crisis (LaTour, 1993). Depending on the ages of children, they need to know what is happening so they are able to be given the option of being part of the process. The level of information and participation will vary depending on the ages of the children. Positive ways for a family is to keep communication open is to, encourage questions, and keep in touch with teachers and significant others in the child's life. Parents with older children must remember to include their grown children and tell them what they need (LaTour, 1993).

Following proven guided principles contribute greatly to the healthy adjustment of a child whose mother has been diagnosed with breast cancer. Make sure that the children are informed according to age appropriate information of breast cancer, never ever lie, talk about how their mother's illness will affect them, never deny feelings, always answer children's questions, and realize that you might have to explain more than once (Elk & Morrow 2003).

A good approach is a simple and straightforward explanation which is geared towards each child's age and understanding. Conveying the image of being comfortable and showing trust will help lead children to deal with the situation. Encourage children to ask questions and in return answer them truthfully. Parents need to be ready to handle children's fears of abandonment. Involving younger children with assigned tasks will help make them feel like they are contributing to their mother's recovery (Lange, 2005).

Parents should explain in clear terms how treatment will eliminate cancer. Many parents choose to wait to tell their children until after the treatment plan has been chosen. It is important to prepare children or grandchildren of treatment's physical alteration, such as hair loss (Shockney, 2010).

Depending on the age and maturity level of the child, it may be worth attending a support group. Many major cancer centers will offer educational programs for children to help reduce their fears and anxieties regarding breast cancer. If the child has many questions about treatment, attending a program with them may help may help reduce uncertainty (Shockney, 2010).

Toddlers and preschoolers are very dependent on their parents, so they are quick to notice stress or tension in the home. Do not assume that their age prevents them from feeling the breast cancer patient's stress. Children at this age will not understand what cancer is, but can let them know that mommy is very sick and that doctors are going to work very hard to make her feel better. Sometimes children may feel that they are the cause of mommy getting ill. It is important to reassure children that it is not their fault. Let children know it is okay to be sad and that they can talk to their parents. Try to maintain family routines as much as possible (Shockney, 2010).

School-aged and teen children may be anxious or even angry about how this will impact them. Teens often view that the world revolves around them, so they think about changes in routines that are going to impact them. These natural responses can be magnified by their fear of losing a parent so it is critical to keep the communication lines open, especially with this age group. As a parent, it is your decision to decide how much detail you want to share and at what

intervals. By asking the school-age and teen children what they know about cancer can help a parent provide details at their level of understanding (Shockney, 2010).

Teens may be resentful when asked to help around the house. There is some evidence that teens are unable to psychologically cope with filling in a parent's role during this time (Shockney, 2010). Discover new ways for older children to contribute to the family while maintaining typical roles and boundaries as much as possible is helpful (Shockney, 2010).

The women's relationships with her children were also affected by breast cancer (Walsh, Manual, & Avis, 2005). The three major themes included role shifts, emotional distress, and increased closeness. Mothers reported a greater feeling of closeness and the tendency to make every moment count with their children (Walsh, Manual, & Avis, 2005).

Roles Shifts

Breast cancer has been found to influence relationships within individuals' wider social networks by hampering social activities which in return affects social roles and interactions. Findings suggest that women withdrew socially after their diagnosis of breast cancer however the most positive and supportive relationships occur in the early stage of the diagnoses, but subsides when treatment continues (Holmberg, Scott, Alexy, & Fife 2001).

Women may find it difficult maintaining the parenting roles during cancer treatments especially with families with children living at home. Women with small children or teenagers express concerns of exhaustions and lack of energy needed to cope with cancer leaving few emotional resources available for their children. Women are also concerned about how their children and grandchildren might react to physical changes that are apparent after surgery. Some women even have concerns of unsettling responses with the diagnoses of breast cancer and if they would have difficulties being adequate parents. Breast cancer survivors expressed fears for

their daughters and grandchildren with the respects to genetics of breast cancer (Holmberg, Scott, Alexy, & Fife 2001).

The systems theory according to Carvalho & Stewart (2009) can be easily applied to family life. One of the main components of the systems theory is that the whole is greater than the sum of the parts. When one member of the family has a life-threatening illness such as breast cancer, then other members will be interrupted and the system will need to adopt to make the family system work (Carvalho & Stewart, 2009).

To inform coworkers about the illness is a very personal decision. There are advantages in letting certain people know because it is more then likely require some time off for treatment. The individual may opt to tell just the supervisor, closest associates, or decide to be very public about the situation (Shockney, 2010).

A common to be concern for patients is about maintaining the job after treatment. The American Disabilities Act (ADA, 1990) provides some job protection. The cancer patient should be able to work with the boss on a schedule that will meet both the patient and the employer. One does not need to disclose to the supervisor of the breast cancer diagnosis but confirm the patient is under doctor care and being absent from work is required. However, most individuals will tell their boss that they have cancer and they are undergoing recommended treatment. Many people will choose to inform co-worker in vague terms rather than full details. For individuals, this is a very personal business and whatever feels right in each situation is the best answer (Shockney, 2010).

Emotional Distress

Strong supportive relationships have been found to lessen emotional distress and lower emotional distress levels increase a woman's positive body image and better social adjustment (Holmberg, Scott, Alexy, & Fife 2001).

Breast cancer is a highly threatening and stressful event that has an impact on interactions in relationships and social networks. Most women are able to adapt successfully within the first year after diagnosis. However, there are a significant number of women continuing to suffer problematic psychosocial issues in the preceding years after the diagnosis of breast cancer (Holmberg, Scott, Alexy, & Fife 2001).

The responses of other people other than partners of the women with breast cancer may affect the individual's emotional and psychological recovery. Women and their partners reported both positive and negative responses from members of their extended family (Holmberg, Scott, Alexy, & Fife 2001). Many women mentioned that a high level of stress existed in their family and social relationships at the time of diagnoses of breast cancer. Other life stressors and important family situations influenced how women decided to share their diagnoses with family and social network (Holmberg, Scott, Alexy, & Fife 2001).

This might be the first time in a breast cancer patient's life that she takes a survey of her resources and assets, both personally and financially. Personal resources, such as; family and friends, along with financial and work resources to help her get through her breast cancer battle. Exploring one's spirituality and what it means will be the least tangible aspect of the survey, but one that may give the most support (Carvalho & Stewart, 2009).

Many medical professionals, psychological, philosophers, and religious people recognize the power of faith. Breast cancer survivor's own personal spiritual beliefs may make a

difference in the way she views her experience and the larger plan. Believing in a higher being can give you hope. Whatever her beliefs are, building on her own spiritual self can be a source of great strength and support. Scientist's has discovered that a feeling of hopefulness promotes healing source by releasing endorphins in the body. Endorphins have healing and pain relief power. Seeing spirituality is finding inner beauty in self, others and the world around you. It is a sense of purpose in life (Carvalho & Stewart, 2009).

A person doesn't have to be involved in an organized religion to develop her own spirituality. However, many people have a community support system associated to their faith that is a source of strength (Carvalho & Stewart, 2009).

Increased Closeness

In some cases breast cancer patients had called upon family of origin and extended family for relatively extensive aid. In additions to financial instrumental aid, women often expressed caring and support from family members. Simple gestures were interpreted as caring and support (Holmberg, Scott, Alexy, & Fife 2001).

Telling other family members can be a difficult task. Mothers in particular are used to making everything better for their children and may want to take over control. They may become frustrated due to the fact they are unable to control their daughter's treatment and recovery. Mothers need to be given constructive ways to help. Mothers can fill an important role in the home if there are children to care for (Shockney, 2010).

Siblings of the breast cancer patient may feel great grief and concern for the well-being of their family member (Shockney, 2010). Assisting siblings with information gathering can help with engaging them in treatment and empower them. Family can also be critical for providing and assistance during treatment. It is important to remember that every offer for

assistance is genuine and be ready to accept assistance. Keep family members informed of breast cancer survivors' treatment progresses is important as feelings of fear and apprehension are shared by many (Shockney, 2010).

Each woman with breast cancer will discover the power of friends. Friends can truly make a difference in a time of need and remain forever bonded. Breast cancer survivors may make new friends along the way, perhaps someone else that has had breast cancer. Other breast cancer survivors can share their own experiences and be a great support (Carvalho & Stewart, 2009).

Friends tend to be more objective than family when it comes to their relationship to you (Carvalho & Stewart, 2009). Family members, in many ways, have no choice but to just be there. Each family member has their own place in the family that has been set. The breast cancer survivor may be the caretaker for everyone. The amazing thing about breast cancer is that it does not change who she is as a person but changes the circumstances and roles that play in the family. If the cancer patient has been the nurturer in the family, she may have a hard time to adjust to the receiver role (Carvalho & Stewart, 2009).

Family and friends want to help, but they may not know how so it is important for the breast cancer patient to let them know how they might help. Not everyone is comfortable with the illness and some may find it hard to extend a hand. The gift of love and friendship can bring people together to support and surround the breast cancer patient (Carvalho & Stewart, 2009).

Relationships after Treatment

How does one manage the changed relationships and the intense emotions that continue into the future? This is one of many questions which patients struggle with as they slowly reclaim their lives and existential issues may be that examined (Schinipper, 2001).

Cancer can change interpersonal relationships and the impacts among family and friends need to be considered. Some friendships are strained while others will be strengthened. A common complaint of survivors is the belief that once the last treatment is over, that cancer is over (Schinipper, 2001). Family and friends may expect an immediate return to full family and work responsibilities after treatment. Others are unlikely to understand the uncertainty of the unknown and the hard facts. Women find themselves angered and saddened by their friends' insensitivity. These women may want to educate their friends about the natural history and uncertainties of breast cancer (Schinipper, 2001).

Walsh, Manual, & Avis (2005) study of younger breast cancer survivors' relationships found four major themes that affected their relationship with their partner. They included (a) increase closeness and intimacy, (b) communication avoidance, (c) the separation or termination of the relationship, (d) problems related to sexuality.

The findings suggest that breast cancer created an opportunity for them to feel closer to their partner. The most problematic issue found through this study was communication avoidance. Some women stated that their partners had a difficult time being supportive, particularly in an emotionally way (Walsh, Manual, & Avis, 2005).

Bolger, Foster, Vinokur, and Ng (1996) identified breast cancer patients and their significant others to help alleviate distress and resolve practical problems, but the life crisis may overwhelm significant others. This may cause eroding of their ability to provided effective support. Results largely show having negative accounts to relationships ability to function. Supportive social relationships are thought to help people cope with stressful events. There is evidence that a close relationship predicts better adjustment to stressors. Close relationships are

beneficial due to the fact that significant others are thought to provide emotional and instrumental help that reduces the effects the stressor (Bolger, Foster, Vinokur, & Ng 1996).

Couples with mutually coping responses would attend to each other's emotional and physical needs in managing the illness (Kayser, Wayson, & Andrade 2007). These couples would use coping strategies that were either problem-focused or emotion-focused to deal with breast cancer. For an example, a couple that uses the same coping strategies define this disease as a "we disease" in an earlier stage. These couples work together in decision making and research. Some couples use different types of coping approaches, but cooperation with their efforts can lead to behaviors that complement each other (Kayser, Wayson, & Andrade 2007).

Kayser, Wayson, & Andrade (2007) found that couples identify the cancer experience as a dyadic stressor and couples deal with the diagnoses of breast cancer by tackling this illness together. This disease impacts and affects both of them. These couples found that open communication positively affected the psychological adjustment for both of them.

A second coping pattern of couples is disengaged avoidance. This coping pattern occurred as couples approach the diagnoses of breast cancer as individual stressors rather than multiple stressors. Avoidant couples were typically problem-focused as they coped with behaviors that involved dealing with tasks of cancer and not the emotional experience (Kayser, Wayson, & Andrade 2007).

A woman who has just been diagnosed with breast cancer needs to know of her support system regardless of how bad it gets or how long it takes. She needs plenty of reassurance and comfort. Studies have revealed that couples that are honest, share their thoughts and feelings, and work together to find solutions will help keep marriages alive and strong through difficult times.

Many report that couples grow closer and more intimate than before the breast cancer (Elk & Morrow 2003).

The discovery of breast cancer provokes fears in couples and these fears need to be shared with each other. They worry about surgery, treatment options, effects of treatments, and radiation. There is a tendency for couples to hide their true feelings behind a cheerful “making the best of it” front. These true feelings can damage interpersonal relationships if they are not brought into the open and examined (Berger & Bostwick 1998).

Many women express the importance of open and honest communication. Breast cancer survivors state they want their husbands or partners to listen because this gives the women the chance to say how they are feeling. The time of sharing and for honesty is the ultimately a test for long-term relationships (Berger & Bostwick 1998).

Women also stressed the value of physical closeness and contact accompanying this communication. Berger & Bostwick (1998) identify the significance of hugging and holding.

Many of the women studied felt that men were usually supportive of women cancer patients, but not all. The impact on relationships varies with each couple. In the cases of ending relationships, both men and women seemed to agree that divorces or break ups after the diagnoses of breast cancer were usually the culmination of a history of problems that had previously existed between the couple (Berger & Bostwick 1998).

Influential theory about the core variables in counseling includes acceptance, warmth, and genuineness. These ideas have been generalized to other significant interpersonal relationships such as parenting and marriage (Pistrang & Barker 1995).

Pistrang & Barker (1995), identified women with breast cancer within the previous year found that satisfaction with the partner helping in the relationship was a positive associated with

psychological well-being. Good communication with the partner was a characteristic that leads to high empathy and low withdrawal and reduces psychological distress.

Several studies, such as; Bloom, Coyne and Fiske, Dunkel-Schetter, Lewis, and Mahoney have explored the patterns of relating for couples coping with breast cancer and found positive adaptations with intimacy, open communication, emotional closeness, cohesion, and flexibility. Also, studies such as; Bolland, Carter, Gotcher, Hilton and Vess have addressed marital adjustment problems to breast cancer identified withdrawal, anger, failure of communication, and lack of closeness. Breast cancer provides a catalyst for divorce in marriages because partners was unable to provide each other with needed support and empathy (Holmberg, Scott, Alexy, & Fife 2001).

Some specific issues linked with women's difficulties in psychosocial adjustment take account of problems in marital relationships, a resurfacing of prior psychological conflicts, a persistent loss of sexual functioning, and extreme emotional reactions (Holmberg, Scott, Alexy, & Fife 2001). Dysfunctional responses from husbands included emotional withdrawal, difficulty responding empathy, fear of abandonment, depression, and over protectiveness (Holmberg, Scott, Alexy, & Fife 2001). Difficulty discussing feelings of loss, grief, and fear of recurrence and death were common problems (Holmberg, Scott, Alexy, & Fife 2001).

The spouse or partner of a woman who has breast cancer may feel guilty because he is healthy. He may blame himself for her illness for something that he did or not do. Most young children who do not fully understand how the illness is caused may suffer from guilt. It is a natural reaction for children to think that anything bad that happens to their family is somehow their fault. The guilt that adolescents may experience can take the form of resentment and anger.

This comes at a time when adolescents are struggling to pull away from the family (Pederson & Trigg, 1995).

A woman's breast cancer creates stress on both her and her personal spouse or partner which leads to relational strain. Couples may experience avoidance, rejection, aversion, and other kinds of distancing between each other. Specific critical events may affect a woman's self-esteem and the relationship (Pederson & Trigg, 1995).

Several researchers' studies like Coyen and Smith, Hoskins, Pistrang and Barker, and Weihs have found the effect of marital relationship, quality of support and male partner's level of distress and coping strategies on the adjustment of the diagnosed woman. Better understanding the specific processes that affect woman's well-being and psychosocial adjustment is needed (Zunkle, 2002).

Chapter III: Methodology

The following informative chapter that includes subject selection and description, instrumentation, consent letter, research survey, data collection procedures, data analysis, and study limitations.

Subject Selection and Description

UW-Stout Institutional Review Board (IRB) approved the survey used to collect data for this study. Women who are members of the breast cancer support group called YANAS (You Are Not Alone, Sister) were surveyed. YANAS support group, located in Barron County, Wisconsin is sponsored and supported by Pink Ribbon Advocacy and Marshfield Clinic. All the women surveyed had breast cancer. Women whom attended November, 2010 and December, 2010 monthly meeting were survey. In addition, 25 surveys were mailed to members that had not been at November or December monthly meetings. Thirty-four surveys were returned; one survey was sent back unfilled, but had a response of decease written on survey.

Twenty-eight women (84.8%) were 56 years old or older. Twenty-three women (69.7%) characterized their current relationship status as married or committed to long term relationship. Thirty of the women (90.9%) indicated ten years or less since the time their breast cancer has been diagnosed. Twelve of the 33 (36.4%) women reported they have stage one breast cancer.

Instrumentation

A 46 question survey was designed specifically for this study “How does the Diagnosis of Breast Cancer Affect Interpersonal Relationships?” The consent form can be found in (appendix a). The survey (appendix b) consisted of a section with demographics questions about age, relationship status, children, length of time since breast cancer diagnosis, what stage was

breast cancer diagnosis at, who did she share her news with and was it helpful, treatments, and if there has been a recurrence.

The question regarding current age had five choice which included 35 years old or under, 36-45 years old, 46-55 years old or 66 years old or above. The question that best characterizes current relationship status had the following choices to choose single, casual dating, seriously dating, engaged to be married, married or committed to long term relationship, or widowed. The following was a yes or no question if she had children, if so, number of children and ages of children. The next question was how long ago was the breast cancer diagnosis, which had the following options one year or less, two to five years, six to ten years, 11-15 years or 16 or more years. The next question asked who she shared her news with after the breast cancer diagnosis. The survey had the following choices husband or partner, parents, children, extended family members, friends, co-workers, minister or priest. There were two follow-up questions that included if she found it helpful to share with the chosen people marked in above question and open-ended question asking why she chose to share or not to share with the people marked in above question. There was a question that asked the stage the cancer was diagnosis which had the options of stage one, stage two, stage three, stage four, or I do know. Another question in section was if she has undergone any medical treatment and if so list the treatments she has undergone. The next question asked if she has tried other treatments such as; counseling, support group, herbal medication, meditation or self-hypnosis, nutrition therapy, or natural remedies. The last question in this section asked if she has had a recurrence of breast cancer and if so, what year was the recurrence.

Other sections included questions about breast cancer diagnosis, support system, coping with breast cancer, and attitudes towards her breast cancer. The survey concluded with three

open-end questions about their communication methods, what breast cancer means to them, and the affects breast cancer had on their relationships. The following documents are a copy of the consent participation form and survey used for the current study.

Data Collection Procedures

This study involves breast cancer women survivors who belong to the YANAS (You Are Not Alone, Sister) located in Barron County, Wisconsin. Women participants whom attended November, 2010 and December, 2010 monthly meeting plus addition 25 surveys were mailed to members that had not attended the November or December monthly meetings. The women participants took the Institutional Review Board (IRB) approved survey that was created for this study.

Data analysis

The following data analysis was used to address the research questions.

NOTE: statistical significance was judged using a significance level of 0.05 and 2-tailed tests (where appropriate). This means that a test statistic was deemed statistically significant if the calculated significance value was less than 0.05.

Objectives with Analysis:

1. *Identify length of time breast cancer survivors have been diagnosed and what ages and relationships with significant others did they have at the time of the survey.*

Analyze using:

- Survey Questions : 1,2,4 Frequencies
 - Question 4- The average length of time survivors are diagnosed
 - Question 1- The average age
 - Question 2- The average relationship status

2. *Identify the people that were notified by the breast cancer survivor after the breast cancer diagnosis and what percentage represents each group of people.*

Analyze using:

- Survey Question: 5 Frequencies
 - Run frequencies for each area (e.g. Husband or Partner, Parents...etc.)

3. *Determine the stage that their breast cancer was diagnosed and what percentage of the breast cancer survivors' fell into each category.*

Analyze using:

- Survey Question: 8 Frequencies

4. *Identify how many children the breast cancer survivor has at time of survey and determine how many children fall into each age group.*

Analyze using:

- Survey Question: 3 Frequencies for: yes/no option, number of children, ages of children

5. *List the kinds of treatments the breast cancer survivors' have undergone and determine how many people choose each specific treatment.*

Analyze using:

- Survey Question: 10. Frequencies for each area (e.g. counseling, support groups...etc.)
- Survey Question 9: Theme the response "If yes, list what treatments you have undergone:"

6. *Identify how did breast cancer survivors' react to their diagnosis and if this was similar to the literature review finding?*

Analyze using:

- Survey Questions: 12-18 Frequencies & Descriptives (Mean, Median, Standard Deviation)
- Compare those findings to constructs that were most commonly found in the literature

7. *Classify what was the level of support provided by key individuals?*

Analyze using:

- Survey Questions: 19-25 Frequencies & Descriptives (Mean & Standard Deviation)

8. *Analyze how did individuals personally cope with the disease of breast cancer and what influenced an individual to share or not share their diagnosis?*

Analyze using:

- Survey Questions: 26-43 Frequencies & Descriptives (Mean, Median, Standard Deviation)

9. *Determine how do individuals define breast cancer after their diagnosis/treatment and what are their attitudes towards their breast cancer?*

Analyze using:

- Survey Question: 45 Qualitative Theme/Coding

10. *Determine what communication methods did the individual use after being diagnosed with breast cancer?*

Analyze using:

- Survey Question: 44 Qualitative Theme/Coding

11. *Analyze how has breast cancer affected their relationships?*

Analyze using:

- Survey Question: 46 Qualitative Theme/Coding
- Link Question 2 response to each response

Limitations

This study only involves breast cancer women survivors who belong to the YANAS (You Are Not Alone, Sister) located in Barron County, Wisconsin. The finding of the study cannot be generalized to larger breast cancer groups or urban settings. This study is based in a small town, which has different characteristics and limited available options to breast cancer survivors.

Chapter IV: Results

The purpose of this study was to gain insight about how women breast cancer survivors interpersonal relationships are affected by this critical disease. Women who belong to the breast cancer support group called YANAS (You Are Not Alone, Sister) were the participants of this study. This support group is located in Barron County, Wisconsin. This study included 33 surveys.

Item Analysis

What is your current age?

Three percent of participants were between the ages of 36-45. Twelve point one percent of women were between the ages of 46-55. Fifty-one point one percent of women were between the ages of 56-65. Thirty-three point three percent of women were 66 years old or older. Eight-four point eight percent of individuals were over the age of 56.

Which of the following best characterizes your current relationship status?

Fifteen point two percent of individuals indicated that they were single. Three percent was seriously dating. Sixty-nine point seven percent of women are married or in a committed relationship. Twelve percent identified themselves widowed.

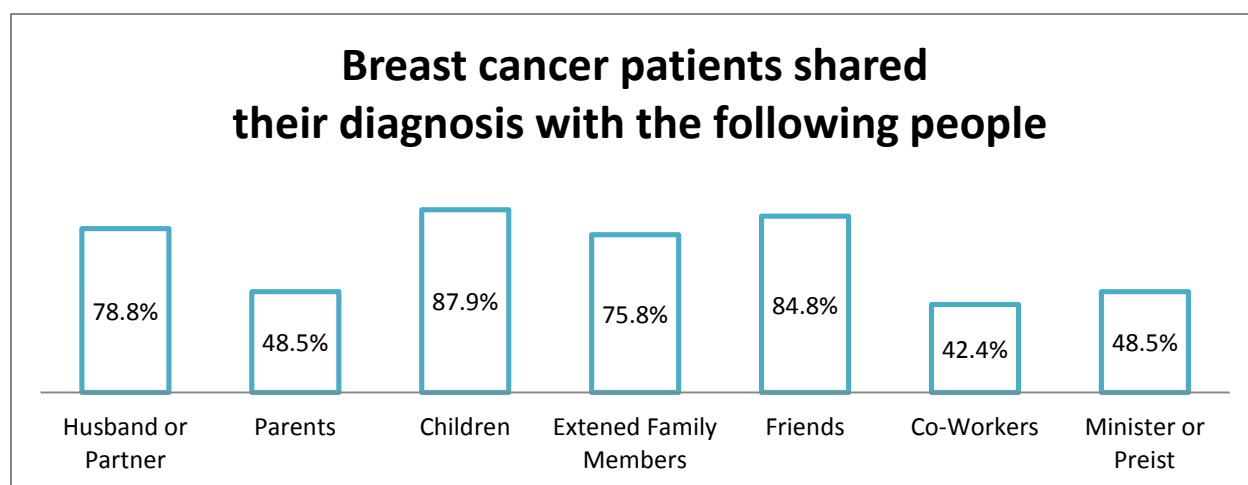
Do you have children?

If yes, how many and what are their ages? Number of children Ages of children

Ninety-three point three percent of individuals had children. Fifty-eight point one percent of women had two children. Twenty-nine percent of individuals had three children. Six point five percent had one child or four children. The children's ages ranges from 14 to 62 years old.

Table 1: Number of Years Since the Breast Cancer Diagnosis

Time since Breast Cancer Diagnoses	Frequency (N= 33)	Percentage
1 year or less	8	24.2%
2-5 years	13	39.4%
6-10 years	9	27.3%
11-15 years	2	6.1%
16 or more years	1	3.0%

Figure 1: Breast Cancer Patients Shared their Diagnosis with Others

Was it helpful sharing your breast cancer diagnosis with the people marked in the above question?

Thirty-two of the participants found it helpful of sharing their breast cancer diagnosis. One woman responded that it was not helpful sharing her breast cancer diagnosis. This individual said that she just did not want anyone to know except for husband and co-workers. She felt, at the time, that her family and friends did not care. Other individuals commented that theses people were an important part of my life and felt that they should know, did not want to

walk this mile by myself, needed encouragement and support, or was planning my funeral and saying my goodbyes.

Why did you select to share or not to share with the people marked in question five?

Many of the women choose who to share their diagnosis with for a support system. Several of the women commented that they felt the need to express their feelings and thoughts about their diagnosis of breast cancer.

Table 2: Breast Cancer Stages of Diagnosis

Cancer Stage at Diagnoses	Frequency (N= 33)	Percentage
Stage One	12	36.4%
Stage Two	10	30.3%
Stage Three	6	18.2%
I don't know	5	15.2%

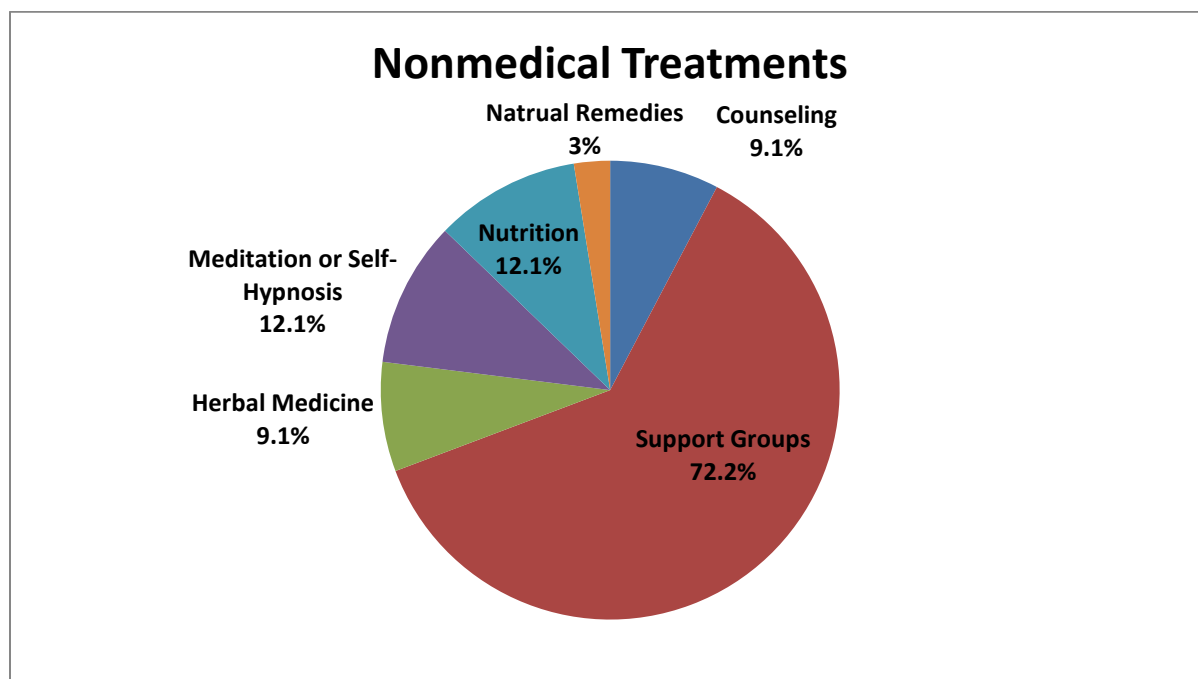
Have you undergone any medical treatment?

Thirty women (90.9%) out of sample have undergone medical treatment.

If yes, list what treatments you have undergone:

Most common treatment (73.3%) of women replied, were surgeries which included but not limited to biopsy, lumpectomy, mastectomy, lymph nodes removed, and reconstructive. Other common replies of treatments (70%) were chemotherapy, radiation, medication, and hormone therapy.

Figure 2: Other Nonmedical Treatments



Have you had a recurrence of breast cancer?

Six percent of individuals have had breast cancer recurrence.

If yes, what year was your breast cancer recurrence diagnosis?

Both of these women that reported of having breast cancer recurrence were diagnosis in 1999.

Your Breast Cancer Diagnosis

This section of the survey deals with the grief, questions 12-18 on the survey. This process is commonly known as the five stages of grief. These five discrete stages is a process by which people deal with grief and tragedy, especially when diagnosed with terminal illness.

Table 3: Grief Process with Breast Cancer Individuals

Frequency (N= 32)	Mean	Median	Std. Deviation
Denial and shock	2.97	3.00	1.448
Angry	3.16	3.00	1.322
Bargaining thoughts	3.59	4.00	1.241
Depressed	2.94	3.00	1.366
Greif or fear	2.41	2.00	1.316
Acceptance and adjustments	1.66	1.50	.787
Fight and hope	1.78	2.00	.751

Were you in denial or shock?

Responses feel evenly in the strongly agree or strongly disagree categories. Twenty-one point nine percent of women responded strongly agree and also (21.9%) of them reported disagree. The categories of agree, neutral, and strongly disagree each had six responses (18.8%).

Were you angry?

Thirty-one point three percent disagree that they were angry. Twenty-one point nine percent were neutral. Strongly agree, agree, and strongly disagree each had (15.6%).

Did you make bargaining thoughts?

The categories of disagree and strongly disagree were the two top replies. Disagree with (31.1%) and strongly disagree had (28.1%) had thoughts of bargaining.

Did you feel depressed?

Twenty-one point nine percent response rate for each category agree, neutral, and disagree on having feeling of depression.

Did you feel grief or fear?

The breast cancer survivors agreeing or strongly agreeing (59.4%) to the fact they felt grief or fear in their personal experience with breast cancer diagnosis.

Have you reached acceptance and adjustment?

This group of women breast cancer survivors had an overwhelming response that they have reach acceptances and adjusted to their diagnosis. Eighty-seven percent of this group has come to acceptance of their breast cancer.

Do you have feelings of fight and hope?

This group of women, in this study showed that they are ready to fight their breast cancer and they believe in hope. Eighty-one point two percent of participants either strongly agreed or agreed in the question regarding having feelings of fight and hope.

Support System

Survey questions 19-25 addressed breast cancer survivor's support system. The questions asked participants to rated husband or partner, children, family, friends, support group, co-worker, and overall support system as poor, fair, good, excellent, or not available.

Eighty-one point five percent of the women an over-all support from their husbands or partners was good to excellent. There were a vast number of survivors that reported good to excellent support from their children. Eighty-six point seven percent of women stated that their children have given them good and beyond support. Ninety-three point eight percent of these women, from the current study reported that their family support ranks good to excellent as a support system. Eighty-seven point nine percent of their friends give them support ranked good to excellent status. Over (96%) of women reported that a support group or other breast cancer survivors' support was good to excellent as a support system. Eighty percent of individuals had

their co-workers as good to excellent support to the breast cancer patient. This group of breast cancer survivors (93.9%) has an overall support system of being good to excellent.

Coping with Breast Cancer

The next section, which included questions 26-43 of the survey dealt with, participates responding to their personal experiences with coping with breast cancer. The following table includes the questions asked in regards to coping with breast cancer, mean, median, and standard deviation.

Table 4: Breast Cancer Survivor's Coping Methods

	N Valid	Mean	Median	Std. Deviation
Open and honest communication	33	1.48	1.00	.566
Daily communication	33	1.82	2.00	.683
Satisfying relationships	33	1.97	2.00	1.015
Understanding of feelings	33	1.58	2.00	.614
Share feelings	33	2.36	2.00	.859
Express needs	33	2.88	3.00	1.023
Help from family and friends	33	2.39	2.00	.827
Ask for help	33	2.79	3.00	.927
Engaged in new activities and hobbies	33	2.12	2.00	.992
Successful coping strategies	33	1.94	2.00	.864
Self-educated	33	1.76	2.00	.792
Breast cancer will endure	32	2.34	2.00	1.181
Breast cancer will have major consequences	33	2.33	2.00	1.164
Nothing I do will affect my breast cancer	33	3.39	4.00	1.197
I get depressed when I think about my breast cancer	33	3.42	4.00	1.032
I get upset when I think about my breast cancer	33	3.58	4.00	.902
I think of myself as a breast cancer patient	33	3.12	3.00	1.219
I think of myself as a breast cancer survivor	33	1.79	2.00	.960

Open and honest communication with partner, family (including children), and friends is important to you?

The first question in this section was dealing with open and honest communication. The breast cancer survivors informed that they believe in open and honest communication (54.6%) strongly agrees. Ninety-six point nine percent of women responded strongly agree to agree in believing in the importance of open and honest communication.

Daily communication with partner, family (including children), and friends is important to you?

Thirty-three point three percent of women responded with strongly agree to the importance of daily communication. Eighty-four point eight percent that strongly agreed to agree to the importance of daily communication to them. Fifteen point two percent were neutral thoughts on having daily communication.

I find my current relationships in my life satisfying?

Seventy-five point eight percent of the women who strongly agree to agree with their current relationships to be satisfying. There was a tie between responses of neutral and disagree with remarks of four each. Twenty-four point two percent of women were either neutral or disagreed with their current relationships being satisfying.

It's important that your partner, family (including children), and friends are understanding of your feelings?

An overwhelming agreement among these breast cancer survivors (94%) strongly agree to agree that it is important of others to understand their feelings. Six point one percent were neutral on this idea.

I often share my feelings with others?

Forty-two point four percent of individuals were likely to share their feelings with others. Thirty-three point three percent of women were neutral on the idea of sharing their feelings with others. Fifteen point two percent of individuals strongly agree on sharing their feelings. Nine point one percent of women do not often share their feelings.

I frequently express my needs to others?

Sixty-six point six percent individuals d that they are neutral or disagree with the thought of not frequently express their needs to others. Thirty-three point three percent of women strongly agreed to agree expressed that they do share their needs with other.

I let my family and friends help me?

Fifty-seven point six percent of individuals strongly agree to agree with letting their family and friends help them. Thirty-three point three percent of recipients were neutral on the idea of letting other to help them. Nine point one percent of women disagreed with letting other help them.

I often ask for help as needed?

Thirty-nine point four percent of the breast cancer survivors were neutral on asking for help as they need. The same percentage of women also strongly agrees to agree on asking for help as needed. Twenty-one point percent of participants who disagree to strongly disagree on asking of help as needed.

I keep engaged in new activities and hobbies?

Sixty-six point seven percent of individuals strongly agree to agree on keeping themselves engaged in new activities and hobbies. Twenty-seven point three percent of

participants remained neutral on engaging in new activities and hobbies. Six percent individuals disagreed to strongly disagree on keeping engaged in new activities and hobbies.

I believe that my current coping strategies are successful?

Eighty-one point eight percent of women stated that they believe that their current coping strategies are successful. Fifteen point two percent of individuals were neutral on the thought about their current coping strategies are successful.

I educate myself about breast cancer and treatments?

Ninety-four percent of the women surveyed reported that they keep themselves educated about breast cancer and treatment.

Attitudes Toward Your Breast Cancer

In the next section of the survey covers questions 37-43. These questions are in regards to attitudes toward their breast cancer.

Table 5: Breast Cancer will Endure for a very Long Time

	Frequency (N= 32)	Percentage
Strongly Agree	8	25.0%
Agree	13	40.6%
Neutral	5	15.6%
Disagree	4	12.5%
Strongly Disagree	2	12.5%

Table 6: Breast Cancer will have Major Consequences in My Life

	Frequency (N= 33)	Percentage
Strongly Agree	10	30.3%
Agree	9	27.3%
Neutral	8	24.2%
Disagree	5	15.2%
Strongly Disagree	1	3.0%

Nothing I do will affect my breast cancer?

Sixty-six point seven percent of individuals disagree to strongly disagree with the statement of nothing that they do will affect their breast cancer. Twelve point one percent of women strongly agree to agree that nothing will affect their breast cancer. Nine point one percent of individuals were neutral to the thought of nothing that they will do will affect their breast cancer.

I get depressed when I think about breast cancer?

Thirty-six point four percent of individuals said that they get depressed when they think about breast cancer. Twenty-four point two percent of individuals agreed and were neutral on getting depressed when they think about breast cancer. Fifteen point two percent strongly disagreed for getting depressed when thinking about breast cancer.

I get upset when I think about my breast cancer?

Forty-eight point five percent of breast cancer survivors disagreed with getting upset when thinking about their breast cancer. Twenty-four point two percent women were neutral on the thought about getting upset when thinking about their breast cancer. Fifteen point two

percent of individuals strongly disagreed with getting upset when they think about their breast cancer.

Table 7: I Think of Myself as a Breast Cancer Patient

	Frequency (N= 33)	Percentage
Strongly Agree	2	6.1%
Agree	11	33.3%
Neutral	6	18.2%
Disagree	9	27.3%
Strongly Disagree	5	15.2%

Table 8: I Think of Myself as a Breast Cancer Survivor

	Frequency (N= 33)	Percentage
Strongly Agree	15	45.5%
Agree	13	39.4%
Neutral	3	9.1%
Disagree	1	3.0%
Strongly Disagree	1	3.0%

The next and final section of the survey contained three open-ended questions. These three questions asked about communication methods, meanings of breast cancer, and the effected breast cancer has on relationships.

Describe your communication methods after being diagnosed with breast cancer:

The most common communications methods included face-to-face interactions, phone calls, and e-mails. Many of the breast cancer survivors were likely to talk to doctors or other medical professionals, husbands or partners, children, siblings, extended family, friends, other cancer survivors, and church groups.

Breast cancer means to me...

The question was asked of cancer survivors what breast cancer means to them. This question had several different responses. Each survivor's response was as unique as each of their personal breast cancer journey. Life after breast cancer means that returning to some familiar things and also making some new choices. These women are adjusting to life as breast cancer survivors. In many ways, this life looks like the life she had before, but in other ways can be very different. This new life breast cancer survivors are embarked is often known as the "new normal".

How has breast cancer affected your relationships?

For the open-ended question regarding breast cancer affecting relationships had many responses. There were five main themes that many of the responses fall into:

- Made relationships strong and better communication
- The importance of family and friends
- Appreciative of life, blessed, and value life
- Husband or partner's lack of support, intimacy, and closeness
- No major changes in relationships

Other ideas that breast cancer survivors mentioned were the importance of volunteering, faith and God, positive attitude, empathy, spending time on life and what is meaningful to them.

Chapter V: Discussion

This study examined what affects a breast cancer diagnosis had on the patient and their family members. The uncertainty of breast cancer is an emotional challenge for breast cancer patients and also, the patient's partner, children, extended family, friends, and entire network of support (American Cancer Society, 2009).

The goal for this research is to bring awareness of how breast cancer influences the relationship between the patient and her family. The more awareness, understanding, and emphasis on breast cancer and its effects brings the opportunity for more research and new discoveries to help women across the United States deal with their own breast cancer diagnosis.

An Institutional Review Board (IRB) approved survey was used to collect data for this current study. Women who belong to the breast cancer support group called YANAS (You Are Not Alone, Sister) were the participants of this study. YANAS support group is located in Barron County, Wisconsin and is sponsored and supported by Pink Ribbon Advocacy and Marshfield Clinic. Women participants whom attended November, 2010 and December, 2010 monthly meeting plus additional 25 surveys were mailed to members that were not at monthly meetings. This study received 34 responses with 33 surveys completed. One survey was sent back with no data, but had a response of decease wrote on survey.

Limitations of the Study

A limiting factor of this study is a large amount of research material available. The researcher attempted to include information that was often duplicated by multiple sources.

This study only included breast cancer women survivors who belong to the YANAS (You Are Not Alone, Sister) located in Barron County, Wisconsin. Women participants whom attended November, 2010 and December, 2010 monthly meeting plus an additional 25 surveys were mailed to members that were not at monthly meetings. Women who attended monthly meetings completed the surveys when they were handed the survey. The breast cancer survivors have limited time to recall their thoughts and feelings during the time of their breast cancer diagnosis. Limiting factors include that the researcher assumes the participants will answer all questions sincerely. There is no reimbursement of any kind for taking the survey.

Conclusion

There were many similarities between the research literature review and the findings of the current study. This following section includes several examples comparing literature and research to the current study findings. The current study findings had no discrepancies in comparison to the literature and other research that have been conducted on the issue of how the diagnosis of breast cancer affects interpersonal relationships.

Physical Impact on Body and Attractiveness

Breast cancer and its treatment's also affect the individuals with whom breast cancer patients have close interpersonal relationships (Abend & Williamson, 2002). Couples need to work out their private lives. After breast cancer, it is especially important now to express each other's needs and wants with their partner to achieve a good physical relationship (Hirshaut & Pressman, 2004).

In the current study some breast cancer survivors' revealed that they have lost intimacy and closeness with their partners. One breast cancer survivor wrote that her relationship is

suffering with husband. There is lost intimacy with him. Another breast cancer survivor commented that her husband thinks she will seek a divorce after seven years of marriage.

Women feel physically attractive in the wake of treatment from breast cancer if they are optimistic and important aspects of their close interpersonal relationships are fulfilled. The key to better outcomes for optimistic women lies in their more supportive relationships with others (Abend & Williamson, 2002).

The current study confirmed that breast cancer has a physical impact on survivors' bodies. "My friends do not envy me anymore" said a breast cancer survivor. Another cancer survivor said that her husband will not look at my surgery side. She then wrote that she hates this! A breast cancer shared that she has loss her physical attractiveness. She continued to write that she had a failed implant and need to have another double reconstruction surgery. This cancer survivor said it is impossible situation to find bras, clothes and swimming suits that fit correctly. Other breast cancer survivors' commented that women need to know their bodies. Women need take note and listen to the warning signs and prevent procrastination. Cancer survivors' also wrote to be proactive in yearly physicals and mammograms. One cancer survivor wrote that she see beauty in a whole new way.

Breast Cancer Patient's Emotions

Grief is part of the healing process (Knox, 2004). There is no one correct way to grieve, but women may need to give themselves permission to experience their losses at their own pace and in their own ways. The best way to get through grief is not denial, but to accept the process rather than pushing it away (Knox, 2004).

The current study contained a section of questions that dealt with the grief process. This process is commonly known as the five stages of grief. These five discrete stages is a process by

which people deal with grief and tragedy, especially when diagnosed with terminal illness. The results of this study identified that each breast cancer survivor is at her own personal process journey dealing with this disease. Each survivor is dealing with breast cancer in her own way and is at different levels of the grief process. The study results showed that (50%) of the breast cancer survivors that participated replied that they strongly agree that they have reached acceptance and adjustment. “I was in shock in the beginning, but it is the matter of acceptance” said one individual.

A greater number of women seek out support groups after their breast cancer treatments than any other time of diagnoses or during treatment because once the physical battle is over, the psychological struggle intensifies (Schinipper, 2001). It is extremely important for women to feel supported in this work and their feelings are normal. Finding others who share the experience highly reassuring and empowering. Breast cancer survivors need to find ways to reclaim their lives as they adapt to a “new normal” (Schinipper, 2001).

The current study asked breast cancer survivors if they have tried other treatments other than medical. Seventy-two point seven percent of the breast cancer survivors are active members of a support group. The breast cancer survivors identified they receive (96.9%) good to excellent support from their support group. Breast cancer survivor said, “I get lonely and the support group is a huge help for me!”

Survivor’s Cope with their Breast Cancer

Coping when facing a life-threatening illness takes courage, drive to explore self, and discover strategies that are helpful (Carvalho & Stewart, 2009). One must find the healthy coping methods that work for herself (Carvalho & Stewart, 2009). Couples deal with the diagnoses of breast cancer by tackling this illness together. The couples believe that this disease

impacts and affects on both of them and found that open communication positively affected the psychological adjustment for both of them (Kayser, Wayson, & Andrade 2007).

The study findings that (96.9%) of the breast cancer survivors' surveyed agreed to strongly agree the impotence of open and honest communication with their partner, children, family and friends. Eighty-four point four percent of breast cancer survivors reported that they agreed to strongly agree with daily communication with partner, children, family and friends. "Talking is all I can do" said a breast cancer survivor.

People cope psychologically not with the disease of cancer, but with the impact of cancer. The impact of the distressing and disrupting problems caused changes family relationships, strain friendships, and may cost a patient her job (Pederson & Trigg, 1995).

Ninety-four percent of individuals valued the importance of their partner, children, family and friends to be understanding of their feelings. Fifty-seven point six percent of survivors agreed or strongly agree that they often share their feelings with others. A breast cancer survivor said "my husband of 37 years left me because he could not handle the situation". Another individual said, "I had to quit three different jobs to cope with her breast cancer".

Identifying coping strategies during other stressful times in life may be applied to the diagnosis of breast cancer. Research has shown that people that engage in new activities, hobbies, and develop themselves adjust better to illness and stressors (Carvalho & Stewart, 2009).

Eight-one point percent of the cancer survivors reported that they believe that there current coping strategies are successful. Sixty-six point seven percent of women reported that they keep engaged in new activates and hobbies. An overwhelming, response rate of (94%) of individuals reported that they educate themselves about breast cancer and treatment.

Significant Other, Children, Family, and Friends Impact on Interpersonal Relationships

One of the most important aspects of a support network is a person's marriage or other intimate interpersonal relationship. This unique relationship provides a beneficial source of support for women who are coping with breast cancer (Wimberly, Carver, & Antoni 2008).

Eight-one point five percent of participants have good or excellent support system with their husband or partner. Ninety-three point nine percent of individuals rated their overall support system good to excellent. A participant wrote that her husband took an "I Can Cope" class which was a great help and this helped him be a better companion dealing with breast cancer.

A woman who has just been diagnosed with breast cancer needs to know of her support system regardless of how bad it gets or how long it takes. She needs plenty of reassurance and comfort (Elk & Morrow 2003).

This study identified other support systems including children, family and friends use by the women. Each of these support systems had high rankings (86.7%) for children, (93.8%) for family and (87.9%) for friends of having good to excellent support.

Family and friends may want to help, but they may not know how. So it is important for the breast cancer patient identify ways to help these individuals. Not comfortable with the illness. Family and friends want to feel useful and bring them comfort to know that are able to help. The gift of love and friendship can bring people together to support and surround the breast cancer patient (Carvalho & Stewart, 2009).

Fifty-seven point six percent of the cancer survivors were willing to let family and friends help them. However, only (39.4%) of breast cancer individuals asked for help as needed. "I kept my feelings to myself and that I do not want to be a poster child for breast cancer" said a

breast cancer survivor. “My family and friends seem not to know what to say. Everyone wants to help out, but don’t always know how” said an individual.

Recommendations

The recent study included some of more relevant research for this study. There is a good deal of research on breast cancer. Due to the improvements in treatment and early detection, millions of women are surviving breast cancer today. Research into the causes, prevention, and treatment of breast cancer is under way in many medical centers throughout the world. After some time has passed breast cancer survivors’ confidence in their own recovery begins to feel real and their fears are somewhat relieved. Even with no recurrences, women who have had breast cancer learn to live with uncertainty (American Cancer Society, 2011).

I recommend continuing research on the many aspects of breast cancer due to its endless possibilities for improved early detection and treatments. I recommend more research on how young couples versus older couples deal with the diagnosis of breast cancer. Also, I recommend more research on the impact of the ages and number of children effects of a diagnosis of breast cancer.

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Appendix A: Consent to Participate in UW-Stout Approved Research

Title: “How does breast cancer affect interpersonal relationships?”

Investigator: Melissa Kucko, UW-Stout Graduate Student, 311 W Eau Claire St., Rice Lake WI 54868, (715) 651-1407 kuckom@yahoo.com

Research Sponsor: Dr. Diane Klemme, 120 Home Economics Building, Menomonie WI 54751, (715) 232-2546, klemmed@uwstout.edu

Description: I am interested in learning how the diagnosis and dealing of breast cancer affects women’s interpersonal relationships with themselves, partner, children, extended family, and friends. I am also interested in how breast cancer survivors cope and psychologically deal with breast cancer and changing family dynamics.

Risk and Benefits: There is minimum risk involving voluntary participants in taking this survey. A change in emotional state may occur due to the fact of recalling a personal journey with the diagnosis of breast cancer. All reasonable measures have and will continue to be taken to keep your identity anonymous. Responses to the survey will be pooled and your answers will not be individually identified on any report prepared.

Time Commitment: It will take approximately 15 to 20 minutes to complete the survey.

Confidentiality: All surveys will not include individual names. Participants can not be identified from any answers they provide.

Right to Withdraw: Your participation in this study is entirely voluntary. You may choose not to participate without any adverse consequences to you. Should you choose to participate and later wish to withdraw from the study, you may discontinue your participation at any time without incurring adverse consequences.

IRB Approval: This study has been reviewed and approved by the University of Wisconsin-Stout’s Institutional Review Board (IRB). The IRB has determined that this study meets ethical obligations required by federal law and university policies. If you have any questions or concerns regarding this study please contact the Investigator or Research Sponsor. Please contact the IRB administrator if you have any questions, concerns, or reports regarding your rights as a research subject.

Investigator: Melissa Kucko, (715) 651-1407, kuckom@yahoo.com

Research Sponsor: Dr. Diane Klemme, (715) 232-2546, klemmed@uwstout.edu

IRB Administrator: Sue Foxwell, Director, Research Services 152 Vocational Rehabilitation Bldg. UW-Stout Menomonie, WI 54751, (715) 232-2726, foxwells@uwstout.edu

Appendix B: Survey

In the following questions, please fill in the circle that best fits:

1. What is your current age?

- 35 years old or under
 36-45 years old
 46-55 years old
 56-65 years old
 66 years older or above

2. Which of the following best characterizes your current relationship status?

- Single
 Casually dating
 Seriously dating
 Engaged to be married
 Married or committed to long term relationship
 Widowed

3. Do you have children?

- Yes
 No

If yes, how many and what are their ages? Number of children _____ Ages of children _____

4. How long ago was your breast cancer diagnosis?

- 1 year or less
 2-5 years
 6-10 years
 11-15 years
 16 or more years

5. Who did you share your news with after your breast cancer diagnosis? (Fill in all that apply)

- Husband or Partner
 Parents (If Living)
 Children
 Extended Family Members
 Friends
 Co-Workers
 Minister or Priest

6. Was it helpful sharing your breast cancer diagnosis with the people marked in the above question?

- Yes
 No

7. Why did you select to share or not to share with the people marked in question five?

8. What stage was your cancer when you were diagnosed?

- Stage One
 Stage Two
 Stage Three
 Stage Four
 I do not know

9. Have you undergone any medical treatment?

- Yes
 No

If yes, list what treatments you have undergone: _____

10. Have you tried other treatments? (Fill in all that apply)

- Counseling
 Support Group(s)
 Herbal Medicine
 Meditation or Self-Hypnosis
 Nutrition Therapy
 Natural Remedies

11. Have you had a recurrence of breast cancer?

- Yes
 No

If yes, what year was your breast cancer recurrence diagnosis? _____

Please place an X in the box per question that best fits:

Your Breast Cancer Diagnosis	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
12. Were you in denial and shock? (This can't be true or this can't be happening to me)					
13. Were you angry? (Why me, this is not fair)					
14. Did you make bargaining thoughts? (Attempting to make deals with God, begging, or wishing that your diagnosis was not true)					
15. Did you feel depressed? (Overwhelming feelings of hopelessness, feeling lack of control or feeling numb)					
16. Did you feel grief or fear? (Am I going to die or am I going to lose part of my body)					
17. Have you reached acceptance and adjustment? (Finding the good that can come out of the pain and finding comfort and healing)					
18. Do you have feelings of fight and hope? (I'm going to fight for my life! I'm getting all the help and support that's out there for me)					

Please rate the following questions by circling the best answer:

Poor= 1 Fair= 2 Good= 3 Excellent= 4 Not available= N/A

19. My husband or partner support is: 1 2 3 4 N/A
20. My children support is: 1 2 3 4 N/A
21. My family support is: 1 2 3 4 N/A
22. My friends support is: 1 2 3 4 N/A
23. My support group or other breast cancer survivors' support is: 1 2 3 4 N/A
24. My co-workers support is: 1 2 3 4 N/A
25. My overall support system is: 1 2 3 4 N/A

Please place an X in the box per question that best fits:

Coping with Breast Cancer	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
26. Open and honest communication with partner, family (including children), and friends is important to you					
27. Daily communication with partner, family (including children), and friends is important to you					
28. I find my current relationships in my life satisfying					
29. It's important that your partner, family (including children), and friends are understanding of your feelings					
30. I often share my feelings with others					
31. I frequently express my needs to others					
32. I let my family and friends help me					
33. I often ask for help as needed					
34. I keep engaged in new activities and hobbies					

Attitudes Toward Breast Cancer	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
36. I educate myself about breast cancer and treatments					
37. Breast cancer will endure for a very long time					
38. Breast cancer will have major consequences in my life					
39. Nothing I do will affect my breast cancer					
40. I get depressed when I think about breast cancer					
41. I get upset when I think about my breast cancer					
42. I think of myself as a breast cancer patient					
43. I think of myself as a breast cancer survivor					

44. Describe your communication methods after being diagnosed with breast cancer:

45. Breast cancer means to me...

46. How has breast cancer affected your relationships?
