

African American Couples Merging Strengths to Successfully Cope With Breast Cancer

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Purpose/Objectives: To explore the process of coping with breast cancer among African American women and their spouses.

Design: Exploratory, qualitative study using grounded theory methods.

Setting: Large metropolitan area in the mid-Atlantic United States.

Sample: 12 African American couples (N = 24).

Methods: African American women and their spouses were asked to complete a background data sheet and participate in a face-to-face semistructured interview. Qualitative data were audiotaped and transcribed verbatim. Themes were identified using the constant comparative method. Quantitative data were analyzed with descriptive statistics.

Main Research Variables: The process of coping with breast cancer among African American couples.

Findings: The basic social concern was living through and beyond a breast cancer diagnosis. The core variable was merging strengths to cope with and survive a breast cancer diagnosis. Six main categories emerged to describe how African American couples actively worked together to cope with a breast cancer diagnosis: walking together, praying together, seeking together, trusting together, adjusting together, and being together.

Conclusions: African American couples described the importance of combining their strengths and working together as a couple to cope with a breast cancer diagnosis.

Implications for Nursing: Nurses must understand the importance of developing culturally sensitive and culturally relevant interventions to assist African American couples with effectively coping with a breast cancer diagnosis. When providing care to African American couples, nurses should incorporate the six categories of walking, praying, seeking, trusting, adjusting, and being together to help couples cope with the various phases of the breast cancer experience.

Key Points . . .

- Nurses must recognize how African American women and their spouses merge their strengths to cope with and survive a breast cancer diagnosis.
- Many African American couples have a strong reliance on God, which is an integral component of coping during each phase of the breast cancer experience.
- African American couples' emotional responses to a breast cancer diagnosis are similar to those found in studies conducted primarily with Caucasian couples.
- Maintaining sexual intimacy, especially during the treatment phase, is challenging for African American couples.

1989; Northouse, Templin, Mood, & Oberst, 1998; Weihs, Enright, Howe, & Simmens, 1999). Some suggest that focusing on couples' rather than individuals' beliefs and attitudes may be more effective in reducing distress in women with breast cancer (Giese-Davis, Hermanson, Koopman, Weibel, & Spiegel, 2000; Walker, 1997). Indeed, coping strategies used by women and

Breast cancer is the most common cancer among African American women and one of the leading causes of cancer death in this population (American Cancer Society [ACS], 2005; Ghafoor et al., 2002). Although African American women have a slightly lower incidence of breast cancer than Caucasian women, they have a 32% higher mortality rate as a result of the disease (ACS). The higher mortality rate may be related to physiologic factors, such as variations in types of tumors and tumor progression (ACS); psychological factors, such as social support and coping strategies (ACS; Reynolds et al., 2000); and personal factors, such as lack of insurance coverage (ACS). African American women have a five-year survival rate of 75%, compared to 89% for Caucasian women (ACS; Ghafoor et al.).

Women and their partners experience adverse physical, psychological, and psychosocial consequences as a result of breast cancer (Baider, Koch, Esacson, & De-Nour, 1998; Northouse,

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their partners may be more effective than individual strategies for managing challenges related to the breast cancer experience (Ben-Zur, 2001; Morse & Fife, 1998).

Literature Review

Adjustment to the diagnosis and treatment of breast cancer often depends on how well a woman and her partner cope with the disease (Ben-Zur, 2001; Northouse, Templin, & Mood, 2001). However, for African American couples, the process of coping with breast cancer has not been the focus of breast cancer research. Most studies of couples' experiences with breast cancer reflect an underrepresentation of African Americans compared to Caucasians (Brady & Helgeson, 1999; Giese-Davis et al., 2000; Holmberg, Scott, Alexy, & Fife, 2001; Wang, Cosby, Harris, & Liu, 1999; Weihs et al., 1999).

Because breast cancer is a challenging disease for women and their partners, women often depend on their partners for support and adjustment throughout the disease process (Carlson, Ottenbreit, St. Pierre, & Bultz, 2001; Northouse, Dorris, & Charron-Moore, 1995; Samarel, Fawcett, & Tulman, 1997). The type of support rendered by partners and the mutuality of the relationship impact the coping experience (Sormanti & Kayser, 2000; Weihs et al., 1999). For example, receiving emotional support from a partner is associated with a reduction in physical symptoms for women with breast cancer, and decreased partner support is related to greater psychological distress (Brady & Helgeson, 1999). Women in relationships with partners report that their relationships are strengthened by coping together with the woman's breast cancer (Holmberg et al., 2001).

Effective coping strategies used by couples are associated with better adjustment to the partner's breast cancer (Ben-Zur, Gilbar, & Lev, 2001; Manne, 1999; Manne, Pape, Taylor, & Dougherty, 1999; Northouse et al., 1998). Initial coping difficulties with a breast cancer diagnosis among couples predict poorer long-term adjustment (Northouse et al., 2001). Ben-Zur et al. discussed coping strategies used among women with breast cancer and their spouses. The researchers found that emotion-focused coping, such as ventilation and avoidance strategies, was related to a higher level of psychological distress for women and their spouses. In addition, Ben-Zur et al. found that patients used more problem-focused coping strategies, such as planning and positive reinterpretation, than their spouses.

A number of studies have been conducted about African American women coping individually with breast cancer (Gates, Lackey, & Brown, 2001; Henderson & Fogel, 2003; Henderson, Gore, Davis, & Condon, 2003; Lackey, Gates, & Brown, 2001; Morgan, Mock, Rose, & Fogel, 2004; Northouse et al., 1999). However, with regard to African American couples coping with breast cancer, a search of the MEDLINE®, Cumulative Index to Nursing and Allied Health Literature®, and PsycINFO® databases using the subject terms, key words, or key word variations of African American, black, breast cancer, coping, adjustment, illness, and couples did not yield any relevant studies. Thus, the purpose of this study was to examine the processes by which African American couples cope with breast cancer.

Methods

Design

An exploratory, qualitative design with grounded theory methods was used to investigate coping processes used by Af-

rican American women with breast cancer and their spouses. The use of grounded theory facilitates the exploration of social processes in their cultural context (Strauss & Corbin, 1998; Streubert & Carpenter, 1999). Grounded theory methods have been used in other qualitative studies of African Americans with cancer (Hamilton & Sandelowski, 2003, 2004).

Sample and Setting

Purposive sampling was used to identify and recruit African American women who met the criteria of a first-time diagnosis of breast cancer, a husband who was willing to participate in the study, and living in the mid-Atlantic United States. As the study progressed, theoretical sampling was used to recruit more African American couples to obtain additional data to answer emerging questions or further saturate a theme or construct in the evolving theory. Theoretical sampling allows researchers to develop an in-depth description of the phenomenon of interest by continually making theoretically based comparisons using the emerging data (Strauss & Corbin, 1998). Data collection concluded when theoretical saturation was reached. Grounded theorists use theoretical saturation to determine when all levels of codes are complete and no new information to indicate a new code or expansion of existing codes can be generated from the data (Strauss & Corbin; Streubert & Carpenter, 1999). A total of 12 African American couples participated in this study.

African American women were recruited through breast cancer support groups, African American churches, oncology clinics, and referrals from other participants. All but one interview were conducted in participants' homes; one couple was interviewed in a private conference room in a hospital setting. All interviews were conducted face to face. Institutional review board approval was obtained from a local hospital.

Instruments

A **demographic data sheet** and a **semistructured interview guide** were used to collect data. The demographic data sheet included questions about personal and medical characteristics. The semistructured interview guide consisted of eight open-ended questions developed by the research team based on the literature review of couples coping with breast cancer (see Figure 1). Participants were encouraged to share their experiences openly through dialogue.

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1. Please tell me a bit about your relationship. For example, how would you describe your relationship? How did you meet? How do you usually handle problems or stressful life events?
 2. Please tell me what it was like when you were faced with a breast cancer diagnosis.
 3. Please tell me how previous life experiences assisted you in coping with breast cancer.
 4. Please tell me if you identified any changes in your relationship because of breast cancer, such as sexual intimacy.
 5. Please tell me how breast cancer has impacted you and your relationships with others. For example, younger or older children.
 6. Please tell me what has assisted you the most in coping with breast cancer.
 7. Please tell me what has been the least helpful in assisting you to cope with breast cancer.
 8. Please tell me if anything that your (nurse, nurse practitioner, doctor, other) did was helpful or not helpful.
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Figure 1. Semistructured Interview Guide

The semistructured interview guide was sequenced so that questions flowed from general to specific and served as a guide but did not restrict the interview. Couples were encouraged to answer questions together and individually. Participants were informed that they did not have to respond to any questions that made them feel uncomfortable or were too sensitive to discuss.

Procedures

Initially, flyers and brochures were distributed to each recruitment site. Potential participants could contact the principal investigator via telephone if they were interested in participating. As the study progressed, theoretical sampling procedures, as described previously, were used to obtain additional participants.

After giving informed consent, couples completed the demographic data sheet and were interviewed. Each couple was asked to complete the demographic data sheet separately. All questions were similar for men and women except that the women also were asked specific questions regarding their breast cancer, such as the length of time since their diagnoses and the types of treatments they were undergoing. Each interview session was tape-recorded and lasted approximately one to one-and-a-half hours. Probing questions were asked to elicit additional comments or responses from participants. For example, couples were asked, “Can you please elaborate or explain more about your feelings?” Each couple was compensated \$50.

Data Analysis

Quantitative demographic data were analyzed using descriptive statistics (i.e., means, percentages, and standard deviations) with SPSS® 11.0 (SPSS Inc., Chicago, IL). Qualitative data were transcribed one to five days after each interview. Variations in coping processes based on demographic variables were explored. Transcripts were compared with the tapes for accuracy and completeness.

A constant comparative method was used to systematically code, categorize, and analyze the data (Strauss & Corbin, 1998). As part of the analytic process for creating grounded theory, open coding, axial coding, and process coding were used (Strauss & Corbin).

Open coding involved partitioning, examining, and comparing the data for multiple concepts and categories (Strauss & Corbin, 1998). Conceptual labels or codes were applied to paragraphs, sentences, and lines in each interview. These labels reflected data themes and included words used by the participants themselves. Similar conceptual labels were grouped into larger, more abstract categories.

With axial coding, the data were put back together to connect the categories and subcategories (Strauss & Corbin, 1998). Properties and dimensions of categories were identified, including personal, contextual, and cultural factors related to each. These properties and dimensions of categories were compared for similarities and differences across interviews.

Finally, a core category was selected using process coding. The core category emerged from the analyses in the open and axial coding processes. This core category is the main theme of the data that helps to link the multiple subcategories together and explains much of the data variation. The theoretical framework of “basic social processes” was used to create

the core category (Strauss & Corbin, 1998). All subcategories and the core category were created and finalized through discussion and analyses by four research team members with doctoral degrees.

Results

Sample Characteristics

Twenty-four African American men and women participated in the study for a total of 12 African American married couples (see Table 1). The majority of men and women (n = 16) reported an annual household income of more than \$60,000. All couples reported that both partners resided in the same household and all stated that they had a religious affiliation.

Table 2 summarizes the medical characteristics of the women diagnosed with breast cancer. No women in the study had metastatic breast cancer (i.e., stage IV).

Living Together Through and Beyond a Breast Cancer Diagnosis

The researchers determined from the couples’ stories that the basic social problem they faced was living together through and beyond a breast cancer diagnosis (see Figure 2). The core variable that assisted in processing this concern was merging strengths to cope with and survive a breast cancer diagnosis. The six categories of merging strengths that emerged were walking together, praying together, seeking together,

Table 1. Demographic Characteristics

Variable	\bar{X}	SD
Age (years)		
Men	54.58	12.00
Women	52.58	11.03
Couples	53.58	11.32
Years in relationship	24.75	14.33
Number of children	2.83	2.88
Number of children living in household	0.92	1.35
Variable	n	%
Religious affiliation		
Pentecostal	11	46
Catholic	5	21
Other	8	33
Annual household income (\$)		
< 10,000–29,999	2	8
30,000–59,999	6	25
≥ 60,000	16	67
Educational status		
High school or less	16	67
Associate degree	2	8
Bachelor's degree	3	13
Master's degree	1	4
Doctoral degree	2	8
Employment status		
Full-time	18	75
Part-time	1	4
Unemployed	2	8
Retired	3	13

N = 24

Table 2. Medical Characteristics of African American Women Diagnosed With Breast Cancer

Variable	n	%
Stage of breast cancer		
0	1	8
I	6	50
II	3	25
III	2	17
IV	—	—
Months since diagnosis		
≤ 6	2	17
6–12	5	42
12–36	5	42
Type of surgery		
Mastectomy	2	17
Lumpectomy	9	75
Mastectomy and lumpectomy	1	8
Type of treatment		
Surgery only	1	8
Surgery and radiation	2	17
Surgery and chemotherapy	2	17
Surgery, radiation, and chemotherapy	4	33
Radiation, surgery, and hormone therapy (e.g., tamoxifen)	1	8
Chemotherapy and radiation	2	17
Discovery of breast lump		
Breast self-examination	7	58
Healthcare provider	1	8
Mammography	3	25
Other (i.e., partner)	1	8

N = 12
 Note. Because of rounding, not all percentages total 100.

trusting together, adjusting together, and being together. Spirituality was an integral component that influenced the effectiveness of each of these major categories. Subthemes for each of the major coping processes also were used by couples (see Figure 3).

Living together through and beyond a breast cancer diagnosis was described by couples as reflective of how God brought them through this life-changing experience to a place of maintaining hope. “Through” indicates a renewed sense of purpose, and “beyond” indicates a greater appreciation for life, including continuous planning for the future. African American couples considered themselves to be able to move beyond their situation, and they anticipated beginning a new life together because of the breast cancer experience. For example, one couple said, “We knew that if we could get through this experience with God’s help . . . we knew that He would help us through this and we would be much stronger and have a much better relationship and a much better appreciation for life because of the experience.”

Merging Strengths

The basic social problem of living together through and beyond a breast cancer diagnosis was processed by African American couples through the core category of merging strengths. Merging strengths was described by couples as uniting and working together to cope with the challenges of a breast cancer diagnosis. Depending on one another for strength throughout the illness trajectory was essential for

couples, who stated that merging strengths began with a commitment to their relationship. Several of the couples expressed that previous life stressors had prepared them to cope with a breast cancer diagnosis. For example, one woman stated that assisting her husband after his cardiac surgery prepared them to cope with another chronic illness. The woman’s husband agreed that it was important for him to be there for his wife in the same way that she had been there for him during his illness.

Walking Together Through Uncertainty

walking together through uncertainty described the journey of African American couples confronting a diagnosis of breast cancer and how they faced the unknown. Couples explained that walking with God was essential to the ways they coped with the uncertainty of a breast cancer diagnosis.

Walking into the unknown: For African American couples, walking together through the unknown meant enduring an emotional roller coaster that vacillated between uncertainty and acceptance of the breast cancer diagnosis. For example, with regard to acceptance, almost all of the women had thoughts of death when they learned about their breast cancer diagnosis. One woman thought about death to the extent that she fantasized about choosing her husband’s next wife. “I’d wake up and then my mind would start racing, you know, about dying . . . I wanted to pick his wife out before I died to make sure he wouldn’t be by himself.”

Her husband stated that he did not like to think about losing his wife to breast cancer. He believed that her statement demonstrated her character in terms of how kind and considerate she was to him, even while experiencing the illness.

Walking with God: African American couples described their faith in God, who walked with them through their journey one day at a time. They felt they were never alone because God was with them. Faith in God allowed African American couples to gain control of their emotions and endure the challenges of



Figure 2. Basic Social Concern of Merging Strengths, Core Category, and Subcategories

Walking together through uncertainty

- Walking into the unknown
- Walking with God

Praying together for strength, endurance, and acceptance

- Praying for strength
- Praying for endurance
- Praying for acceptance

Seeking help together

- Seeking information
- Seeking supportive networks

Trusting together and partnering

- Entrusting care to God
- Entrusting care to healthcare providers
- Trusting each other

Adjusting together through struggle and surrender

- Struggling with change
- Surrendering to change

Being together

- Enjoying life
 - Living in peace
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Figure 3. Categories and Themes

their situation, thereby empowering them to move forward. Essentially, the couples embraced and believed in the power of prayer to give them strength. One husband stated, “We knew that the Lord would get us through it. It was just the unknown . . . not knowing what we would have to deal with.”

Praying Together for Strength, Endurance, and Acceptance

All African American couples expressed a belief and faith in God. Couples stated that God was essential to obtain the strength and endurance to cope with a breast cancer diagnosis. They discussed how God dealt with them individually and as a couple to accept the breast cancer diagnosis.

Praying for strength: Couples described praying together as a part of how they called on the power of God to give them strength in the midst of their challenging situation. They expressed faith and belief in the power of God for physical, emotional, and spiritual healing. For those with children living at home, the children were included in the prayer sessions. For example, one woman stated, “We prayed with our children, and I think our family relationships were strengthened because of that.”

Praying for endurance: Several couples said that they constantly prayed together to endure the challenges of coping with breast cancer. One husband stated, “We came home after finding out that she had breast cancer, and the first thing we did was pray together.”

Praying for acceptance: Another dynamic of praying together that was discussed by African American couples was feeling that they had issues to work out with God before they could move forward. For example, one husband initially resisted going to God in prayer because he did not want God to see him as praying only when he had a problem. The man felt that he had not led a consistent prayer life before his wife’s diagnosis. Several couples specifically described praying to God for acceptance of the breast cancer diagnosis so they could make sound decisions regarding treatment

options. One couple stated, “We had to pray early on to accept the diagnosis; otherwise, we would not have known what to do, but we trusted [that] God would give us peace and acceptance.”

Seeking Help Together

The African American couples described seeking out external resources, such as brochures and pamphlets, about breast cancer. Couples discussed using the Internet as a resource and establishing supportive networks with family members and friends to assist in coping with breast cancer.

Seeking information: One aspect of seeking help together was gathering information about breast cancer and its treatment. All couples discussed their research processes and how they used information to make surgery and treatment decisions. Responses ranged from feeling overwhelmed by the amount of materials provided by healthcare professionals to feeling less anxious because an abundance of information was available. Additionally, couples accessed resources via the Internet and benefited from the expertise of friends and family members in the medical profession. One couple stated, “We went on the Internet. . . . We grabbed every piece of information that we possibly could to make sure that the decisions that we were making were the right decisions.” Another couple recalled that they read material and viewed videos together on breast cancer.

If I’m reading my [breast cancer literature] and she’s reading [hers], we may not get the same [information], so we read to each other, and when we read something and did not understand it, I’ll say, “What do you think that means?” and vice versa.

However, some couples did not use the Internet as a resource. For example, one husband supported his wife in not using the Internet to help reduce her anxiety. She said,

I never got on the Internet. I knew that I couldn’t handle too much too soon, and I also knew that my friends were on the Internet. I faxed my pathology report to California, where my friend is a physician. . . . I knew that they were on it. They know me well enough to know what I can handle, and I asked the questions that I wanted them to respond to . . . when I could [handle the information], I would read it.

Finally, one couple stated that the brochures and other materials provided to them confused them and created greater fear. For this couple, the Internet was equally confusing. Consequently, their oncologist advised them to avoid the Internet and instead explained the new material provided. The husband shared this experience.

It was confusing to me . . . everything in [the brochure]. It said if you have stage IV, you will surely die. Once we told our doctor, he gave us some other books and broke everything down for us, and that’s when we understood what the chemo process was about.

Seeking supportive networks: Couples described organizing support systems and being receptive to any support offered. In general, couples were open to those in their extended families, communities, and churches helping them through their situation. For example, church members, pastors, and ministers played a significant role in the healing process of

African American couples coping with breast cancer. According to the couples, church members visited couples, prayed with them, assisted them with household chores, and provided meals for their families. They also provided couples with Scripture and taped sermons to encourage and strengthen their faith in God.

We went to church that Sunday, and we were going up for prayer. The minister said [I was] coming because [I] just found out that [I had] cancer. . . . We had not told anyone at the church. . . . He said God told him. . . . It was a very, very humbling experience for God to think enough of me and my family to let people know so that they could support us.

African American couples talked about how children helped perform certain duties and responsibilities that typically were performed by the wife. Couples with children expressed that they tried to inform their children throughout the process to reduce the children's fears and anxiety. The couples explained that this was a very sensitive issue to discuss with their children, but they felt that including them in the process was fair. One wife said, "We showed them the information we had gotten, like videos. We read what information we had and told them what the options were."

Several couples discussed seeking a network of friends as a support system. The wife in one couple stated that she had a network of people who would be upset if they were not able to offer support. The husband said that his wife called everybody they knew to inform people of the diagnosis.

I don't think there was a person that she knows or a person in our family who did not know she had [breast cancer]. I mean, it's like, the next day, everybody in the world knew what was going on. She had a tremendous support system. . . . I learned a lot. . . . There was nothing to hide. Your family needs to know what's going on; your friends should know. By telling people, she actually found out that a lot of people had issues that she never knew about. I didn't realize [breast cancer] was so widespread until I [also] told people what was going on.

They both laughed when she commented, "I just wanted the prayers of everyone, and I wanted them all to be aware of what was happening."

Trusting Together and Partnering

Couples also discussed how they trusted God to assist them with finding the right doctors for care. African American couples described trusting together as finding and establishing a positive patient-doctor relationship. African American couples expressed how important working together and trusting each other's decisions about ensuring they were receiving quality care was for them.

Entrusting care to God: All couples, despite the number of years they had been married or their initial questions about God's purpose, trusted God to provide the right care from the right physician. One couple discussed a series of "coincidences" that worked in their favor when arriving for an initial surgery consultation. Together, they enthusiastically described their belief that God worked in their situation and their trust in God to confirm for them the decisions that they made about surgery and treatment.

[We] were waiting for God's confirmation to let us know that He had this under control. . . . You have to surrender. He was putting people in our pathway. . . . He orchestrated the whole process. . . . I [thought], Lord you've got this! I can sit back. . . . I was able to move out of the situation because I knew that it was okay. I'm not worried any more. The worry was removed. . . . It had been stressful, but once the Lord lets you know that He has His plan, He just takes care of it.

Entrusting care to healthcare providers: Overall, each couple had positive relationships with at least one of the two primary doctors (i.e., the surgeon and the oncologist) involved in the process. Some couples stated that their physicians' candid and personal experiences with breast cancer provided them with a sense of comfort and trust regarding their decisions about care. For example, one couple discussed how one of their doctors, who had had a double mastectomy, shared her experience and provided invaluable information.

Trusting each other: Trusting together also involved challenges for couples when they were confronted with poor care. For example, one couple discussed an interaction with a physician who did not consider any of their requests regarding surgery. The wife stated that she had stage II breast cancer, and, following her research, she elected to have a mastectomy. However, the surgeon encouraged a lumpectomy, and the couple conceded. Following the surgery and after analyzing the pathology report, the doctor told the couple that she had made an error in judgment and suggested another surgery to remove the breast.

Once they did the lumpectomy, I thought I would still have a breast. . . . I still had hope. If she had done it at first, I would have [accepted] that loss immediately. . . . I wish she had done what I wanted the first time.

Although the surgeon apologized and the couple's trust in the physician was diminished, the couple always focused on the fact that they ultimately made decisions that they believed would increase the wife's survival. In this case, the husband supported the wife's decision to seek counseling to cope with that experience.

Adjusting Together Through Struggle and Surrender

African American couples discussed the difficulty of adjusting to body changes. Women struggled to accept their physical changes, and men often struggled to find ways to be sensitive to their wives' emotional and physical needs. Couples discussed accepting the diagnosis and learning how to set new boundaries in their lives.

Struggling with change: Women in particular described being acutely aware of their bodies and sometimes struggling to draw new boundaries for what they could handle physically on a day-to-day basis. One husband recognized that new boundaries needed to be imposed when he stated, "I believe she lost something. She wasn't able to do what she normally would do going through the chemo. She was weak, very weak. She couldn't hardly stand sometimes."

Some women perceived that they were less attractive to their husbands following surgery or as a result of treatment side effects. "After I got the mastectomy, I had to see a psychologist. I could not look in the mirror anymore. Every time I looked in the mirror, I would cry because I saw something

different,” one woman stated. Concerned more about how her husband was affected by the change in her body, another woman said, “I know I don’t look the same. I apologize.”

Often, men shared that they were not less attracted to their wives and wanted to share in confronting physical changes.

One of your breasts to make you live longer . . . it don’t bother me at all. . . . She can’t stand the sight of her hair. I always tell her it’s not about her physical appearance, it’s about her attitude towards our relationship. She can have one eye in the middle of her head. I will still love her, so it don’t make a difference.

Also, men wanted to learn to be more tender and sensitive during emotional and physical intimacy. One couple stated that they maintained their sex life, but the husband was more conscious of how he touched his wife: “I was a little bit more gentle.” In contrast, another couple discussed the decrease in their sexual intimacy.

She would ask a question about our sex life: “Why aren’t we making love?” And I would basically tell her that it’s selfish of me to want to make love to her when she’s going through so much.

Struggling to find a balance inspired couples to recall their wedding vows to honor one another in sickness and in health. Men made statements such as, “I would never leave her,” “Never at a time like this!” and “I love her through thick and thin.”

Surrendering to change: African American couples described adjusting together as surrendering to the “new normal” after the breast cancer diagnosis, which meant embracing the reality that a life-changing experience had altered the survivor and the family’s life forever. Each African American couple emphasized the importance of setting priorities. In the context of a new perspective on life, things that had caused stress in the past were quickly reevaluated. For example, participants stated, “I don’t harbor stuff like I used to. . . . It’s not worth it. Let it go,” and “Life’s too short.”

Being Together

African American couples described being together as drawing closer to each other and intentionally spending more time with each other and their families. Essentially, being together offered a sense of living in the “here and now.” One woman stated, “The whole experience, we just grew. . . . If it doesn’t kill you, it makes you a little bit stronger, and we became closer because of having experienced this. . . . It made us a better family; it made us stronger.”

Enjoying life: Couples learned to laugh together and find meaning in life’s simple pleasures. Although fear of recurrence was a part of the process of being together, couples decided to view the diagnosis as a detour in their journey and not their final destiny.

We had 40 years together. . . . It’s not like newlyweds, and you learn to handle your problems. I’m looking at 40 years of being together in marriage. I took one day at a time. It was the best way to do it.

If you believe that it’s going to be all right and that it’s just a temporary setback that you unfortunately have to go through, it’ll be all right in the long run.

Living in peace: Couples explained that being together meant being at peace. Peace was achieved by surrounding themselves with positive people along with prayer. One couple handled a situation together when the wife received a phone call from a woman who talked morbidly about how her mother had died from breast cancer. The wife let her husband hold the phone until the woman was done talking, and her husband then handed her the phone to end the conversation. African American couples also reported that once cancer treatment was completed, they felt a sense of peace about their experience with the disease.

Discussion

This study provides new insight into the breast cancer experience for African American couples and how a reliance on God to cope was often an integral component of each major theme. The couples were very willing to discuss their experiences with breast cancer. Couples discussed the importance of open communication and working through challenges together to reduce the stress associated with a breast cancer diagnosis. They shared their initial reactions, their experiences with doctor-patient relationships, their decisions about treatment, and their processes of moving through and beyond a breast cancer diagnosis.

Several couples stated that previous life challenges had prepared them to cope with a breast cancer diagnosis. Some men discussed how their wives assisted them with coping with a chronic illness, such as prostate cancer, which compelled them to render the same type of care and support to their wives. Hamilton and Sandelowski (2003) described this type of giving and receiving care among African Americans with cancer as a “golden rule.”

As previous research suggests, breast cancer not only affects the woman but also her husband and other family members (Hilton, 1996; Hilton, Crawford, & Tarko, 2000; Radina & Armer, 2001; Yates, 1999). Going through the breast cancer experience meant that African American couples had to depend on God and each other to move beyond the often stressful situation. Also, couples said that the experience drew them closer to each other. Northouse et al. (2001) recommended that couples learn to work as a team to cope with breast cancer, which can lead to a positive psychological adjustment. In this study, African American couples decided at the onset that they had to come together as a team to get through the experience. They merged their strengths to cope with breast cancer.

Couples described the initial knowledge of the breast cancer diagnosis as an emotional roller coaster. Walking together described the myriad of emotions experienced by African American couples while coping with breast cancer. The emotions of African American couples are similar to those reported by couples in other studies and include the fear of the unknown and uncertainty about treatment (Ben-Zur, 2001; Lewis & Deal, 1995; Northouse et al., 1998; Northouse, Laten, & Reddy, 1995; Rees, Bath, & Lloyd-Williams, 1998; Walker, 1997; Weihs et al., 1999).

The couples in this study prayed together for guidance from God to assist them throughout the process. They acknowledged the resources they felt that God had provided, such as qualified physicians, modern medicine, and supportive family and friends. These findings are similar to previous studies in

which a belief in God was a strong source of support for African American women coping with breast cancer (Bourjolly, 1998; Bourjolly & Hirschman, 2001; Henderson et al., 2003; Henderson & Fogel, 2003).

The couples described seeking help together as gathering information, recruiting support from family and friends, and searching for purpose in God. These findings are consistent with conclusions of other studies regarding the types of social support used by African Americans to cope with cancer (Hamilton & Sandelowski, 2004; Henderson et al., 2003). Breast cancer and treatment information was important to couples when making decisions regarding surgery and treatment, but some stated that too much information could be overwhelming. Those who thought the information was complicated or overwhelming went to their physicians for help in understanding their options.

Internet use has been associated with reduced anxiety and depression in patients with breast cancer (Fogel, Albert, Schnabel, Dittkoff, & Neugut, 2003). The results of this study show that African American couples use the Internet as a resource. However, healthcare providers should consider that some Internet information may be confusing and too complex for patients and their families and may increase fears and anxiety about the process. Therefore, healthcare providers should be prepared to assist couples with understanding how the Internet and other materials can be used to explain the disease process.

In this study, sexual intimacy was difficult for African American couples to maintain, especially during the treatment phase of the disease. Husbands were concerned about their wives' level of comfort with sexual intimacy, whereas women were more concerned about their physical appearances. Although sexual intimacy was an important issue for couples, they did not discuss this matter with their healthcare providers. Nurses may want to discuss issues of sexual intimacy with African American couples because previous research shows that African American women are concerned about maintaining intimacy and possible partner abandonment after breast cancer surgery (Facione & Giancarlo, 1998; Lackey et al., 2001; Wilmoth & Sanders, 2001). Also, women in this study were concerned about how their partners would accept their breast cancer diagnosis. Overall, the women reported that their husbands were very supportive and reassuring about not leaving their wives as a result of the women's diagnosis.

Study Limitations

No cross-cultural comparisons were made in this study. The small sample size and single geographic location may limit the generalizability of the findings. The socioeconomic status (SES) of these African American couples was moderate to high; therefore, the coping processes may not be reflective of African American couples who have a lower SES. However, SES may not be a limitation; Henderson et al. (2003) found that SES was not a predictor of coping strategies used among African American women with breast cancer. All couples were married; therefore, the commitment levels and support rendered may differ for unmarried couples coping with breast cancer. Furthermore, the potential may have existed for self-selection of stable married couples rather than couples with marital problems.

African American couples from religious backgrounds that differ from those represented in this study may have different experiences coping with breast cancer. Also, the experiences of these African American couples may not be culturally

inclusive of nonreligious African American couples. The possibility also exists that African American couples who are homosexual or cohabitating may have different experiences coping with the disease.

Implications for Nursing

This study is the first to focus primarily on African American couples coping with the breast cancer experience and provides nurses with a more in-depth understanding of the cultural experiences of African American couples coping with the disease. Nurses should consider that, for African American couples, living together through and beyond breast cancer is a reflection of how God and other supportive networks assist them through this life-changing experience. Nurses also must understand the importance of recognizing that the possibility exists that African American couples solely waiting and relying on God to receive the right care from the right physician may mean a delay in seeking timely care from healthcare providers.

Receiving clear and accurate information from physicians is essential to African American couples making decisions about care. Some healthcare providers were described by the couples as supportive, and others were described as unsupportive. Previous research studies show that African American women with breast cancer perceive healthcare providers as being insensitive to their needs and concerns (Ashing-Giwa & Ganz, 1997; Moore, 2001). Increased communication between healthcare providers and patients with breast cancer and their family members has been shown to reduce patient distress (Shields & Rousseau, 2004). A supportive healthcare provider truly can have an effect on the coping of African American couples by providing them with the psychosocial comfort they need to address living with breast cancer. Nurses should realize that when African American women lose trust in their physicians, motivation and a will to survive can be compromised, which can delay additional necessary treatment. Nurses can begin establishing trust with African American couples at the onset of care by fostering open communication, allowing couples to share their feelings and discuss issues and concerns pertaining to the breast cancer experience that may contribute to reducing patients' mistrust of physicians.

Future Research

Although this study provides data on the cultural experiences of African American couples coping with breast cancer, further research is needed of African Americans of lower SES, those from different regions of the United States, and those in unmarried couples. Also, longitudinal research over different periods of time in the trajectory of breast cancer can help to further elucidate the issues affecting African American couples coping with breast cancer. Maintaining family structure is very important for African American couples because roles and responsibilities among family members often must be redefined to assist the women coping with breast cancer. Further research is needed to understand more about the family dynamics and coping processes of African American couples with children experiencing breast cancer.

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References

- American Cancer Society. (2005). *Cancer facts and figures for African Americans 2005–2006*. Atlanta, GA: Author.
- Ashing-Giwa, K., & Ganz, P. (1997). Understanding the breast cancer experience of African American women. *Journal of Psychosocial Oncology*, 15(2), 19–35.
- Baider, L., Koch, U., Esacson, R., & De-Nour, A.K. (1998). Prospective study of cancer patients and their spouses: The weakness of marital strength. *Psycho-Oncology*, 7, 49–56.
- Ben-Zur, H. (2001). Your coping strategy and my distress: Inter-spouse perceptions of coping and adjustment among breast cancer patients and their spouses. *Families, Systems and Health*, 19, 83–94.
- Ben-Zur, H., Gilbar, O., & Lev, S. (2001). Coping with breast cancer: Patient, spouse, and dyad models. *Psychosomatic Medicine*, 63, 32–39.
- Bourjolly, J.N. (1998). Differences in religiousness among black and white women with breast cancer. *Social Work in Health Care*, 28, 21–39.
- Bourjolly, J.N., & Hirschman, K.B. (2001). Similarities in coping strategies but differences in sources of support among African American and white women coping with breast cancer. *Journal of Psychosocial Oncology*, 19(2), 17–38.
- Brady, S.S., & Helgeson, V.S. (1999). Social support and adjustment to recurrence of breast cancer. *Journal of Psychosocial Oncology*, 17(2), 37–55.
- Carlson, L.E., Ottenbreit, N., St. Pierre, M., & Bultz, B.D. (2001). Partner understanding of the breast and prostate cancer experience. *Cancer Nursing*, 24, 231–239.
- Facione, N.C., & Giancarlo, C.A. (1998). Narratives of breast symptom discovery and cancer diagnosis: Psychologic risk for advanced cancer at diagnosis. *Cancer Nursing*, 21, 430–440.
- Fogel, J., Albert, S.M., Schnabel, F., Ditkoff, B.A., & Neugut, A.I. (2003). Racial/ethnic differences and potential psychological benefits in use of the Internet by women with breast cancer. *Psycho-Oncology*, 12, 107–117.
- Gates, M.F., Lackey, N.R., & Brown, G. (2001). Caring demands and delay in seeking care in African American women newly diagnosed with breast cancer: An ethnographic, photographic study. *Oncology Nursing Forum*, 28, 529–537.
- Ghafoor, A., Jemal, A., Cokkinides, V., Cardinez, C., Murray, T., Samuels, A., et al. (2002). Cancer statistics for African Americans. *CA: A Cancer Journal for Clinicians*, 52, 326–341.
- Giese-Davis, J., Hermanson, K., Koopman, C., Weibel, D., & Spiegel, D. (2000). Quality of couples' relationship and adjustment to metastatic breast cancer. *Journal of Family Psychology*, 14, 251–266.
- Hamilton, J.B., & Sandelowski, M. (2003). Living the golden rule: Reciprocal exchanges among African Americans with cancer. *Qualitative Health Research*, 13, 656–674.
- Hamilton, J.B., & Sandelowski, M. (2004). Types of social support in African Americans with cancer. *Oncology Nursing Forum*, 31, 792–800.
- Henderson, P.D., & Fogel, J. (2003). Supportive networks used by African American breast cancer support group participants. *ABNF Journal*, 14(5), 95–98.
- Henderson, P.D., Gore, S.V., Davis, B.L., & Condon, E.H. (2003). African American women coping with breast cancer: A qualitative analysis. *Oncology Nursing Forum*, 30, 641–647.
- Hilton, B.A. (1996). Getting back to normal: The family experience during early stage breast cancer. *Oncology Nursing Forum*, 23, 605–614.
- Hilton, B.A., Crawford, J.A., & Tarko, M.A. (2000). Men's perspectives on individual and family coping with their wives' breast cancer and chemotherapy. *Western Journal of Nursing Research*, 22, 438–459.
- Holmberg, S.K., Scott, L.L., Alexy, W., & Fife, B.L. (2001). Relationship issues of women with breast cancer. *Cancer Nursing*, 24, 53–60.
- Lackey, N.R., Gates, M.F., & Brown, G. (2001). African American women's experiences with the initial discovery, diagnosis, and treatment of breast cancer. *Oncology Nursing Forum*, 28, 519–527.
- Lewis, F.M., & Deal, L.W. (1995). Balancing our lives: A study of the married couple's experience with breast cancer recurrence. *Oncology Nursing Forum*, 22, 943–953.
- Manne, S.L. (1999). Intrusive thoughts and psychological distress among cancer patients: The role of spouse avoidance and criticism. *Journal of Consulting and Clinical Psychology*, 67, 539–546.
- Manne, S.L., Pape, S.J., Taylor, K.L., & Dougherty, J. (1999). Spouse support, coping, and mood among individuals with cancer. *Annals of Behavioral Medicine*, 21, 111–121.
- Moore, R.J. (2001). African American women and breast cancer: Notes from a study of narrative. *Cancer Nursing*, 24, 35–42.
- Morgan, P.D., Mock, V., Rose, L., & Fogel, J. (2004). African American women's emotional responses to breast cancer. *Women's Health and Urban Life: An International and Interdisciplinary Journal*, 3, 56–72.
- Morse, S.R., & Fife, B. (1998). Coping with a partner's cancer: Adjustment at four stages of the illness trajectory. *Oncology Nursing Forum*, 25, 751–760.
- Northouse, L., Templin, T., & Mood, D. (2001). Couples' adjustment to breast disease during the first year following diagnosis. *Journal of Behavioral Medicine*, 24, 115–136.
- Northouse, L.L. (1989). The impact of breast cancer on patients and husbands. *Cancer Nursing*, 12, 276–284.
- Northouse, L.L., Caffey, M., Deichelbohrer, L., Schmidt, L., Guziatke-Trojniak, L., West, S., et al. (1999). The quality of life of African American women with breast cancer. *Research in Nursing and Health*, 22, 449–460.
- Northouse, L.L., Dorris, G., & Charron-Moore, C. (1995). Factors affecting couples' adjustment to recurrent breast cancer. *Social Science and Medicine*, 41, 69–76.
- Northouse, L.L., Laten, D., & Reddy, P. (1995). Adjustment of women and their husbands to recurrent breast cancer. *Research in Nursing and Health*, 18, 515–524.
- Northouse, L.L., Templin, T., Mood, D., & Oberst, M. (1998). Couples' adjustment to breast cancer and benign breast disease: A longitudinal analysis. *Psycho-Oncology*, 7, 37–48.
- Radina, M.E., & Armer, J.M. (2001). Post-breast cancer lymphedema and the family: A qualitative investigation of families coping with chronic illness. *Journal of Family Nursing*, 7, 281–299.
- Rees, C.E., Bath, P.A., & Lloyd-Williams, M. (1998). The information concerns of spouses of women with breast cancer: Patients' and spouses' perspectives. *Journal of Advanced Nursing*, 28, 1249–1258.
- Reynolds, P., Hurley, S., Torres, M., Jackson, J., Boyd, P., & Chen, V.W. (2000). Use of coping strategies and breast cancer survival: Results from the Black/White Cancer Survival Study. *American Journal of Epidemiology*, 152, 940–949.
- Samarel, N., Fawcett, J., & Tulman, L. (1997). Effect of support groups with coaching on adaptation to early stage breast cancer. *Research in Nursing and Health*, 20, 15–26.
- Shields, C.G., & Rousseau, S.J. (2004). A pilot study of an intervention for breast survivors and their spouses. *Family Process*, 43, 95–107.
- Sormanti, M., & Kayser, K. (2000). Partner support and changes in relationships during life-threatening illness: Women's perspectives. *Journal of Psychosocial Oncology*, 18(3), 45–66.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.
- Streubert, H.J., & Carpenter, D.R. (1999). *Qualitative research in nursing: Advancing the humanistic imperative* (2nd ed.). Philadelphia: Lippincott.
- Walker, B.L. (1997). Adjustment of husbands and wives to breast cancer. *Cancer Practice*, 5, 92–98.
- Wang, X., Cosby, L.G., Harris, M.G., & Liu, T. (1999). Major concerns and needs of breast cancer patients. *Cancer Nursing*, 22, 157–163.
- Weihs, K., Enright, T., Howe, G., & Simmens, S. (1999). Marital satisfaction and emotional adjustment after breast cancer. *Journal of Psychosocial Oncology*, 17(1), 33–49.
- Wilmoth, M.C., & Sanders, L.D. (2001). Accept me for myself: African American women's issues after breast cancer. *Oncology Nursing Forum*, 28, 875–879.
- Yates, P. (1999). Family coping: Issues and challenges for cancer nursing. *Cancer Nursing*, 22, 63–71.