



CAP Lung Cancer Medical Writers' Circle

Emotional Effects of Lung Cancer on Survivors and Their Spouses

Cindy L. Carmack, Ph.D.

Associate Professor, The University of Texas M. D. Anderson Cancer Center

Receiving a lung cancer diagnosis and undergoing treatment for it greatly affects the emotional health of the patient, as well as his/her family – particularly the spouse – and often negatively impacts the family's quality of life. Research shows that over 1/3 of patients and 1/3 of spouses experience psychological distress that is considered “clinically significant” around the time treatment starts ^[1]. Thus, it is important to consider the emotional well-being of both the patient and their spouse as they go through the cancer journey.

Challenges for Couples Adjusting to Lung Cancer

Individuals facing cancer experience a range of psychological symptoms, including depression and anxiety, more often than people who do not have cancer. Cancer patients at highest risk for depression include those with a history of depression or alcoholism, advanced stage of disease, uncontrolled pain, or a cancer treatment regimen that produces depressive symptoms ^[2]. Many of these risk factors are present in individuals facing lung cancer.

Patients frequently report that their spouses are their greatest source of support. In fact, social support from spouses is an important predictor of a person's emotional adjustment to cancer and the stress that comes with it ^[3]. Significant stressors, such as cancer, force couples to deal with and discuss issues that are likely quite novel to their relationships. Couples may experience communication problems when facing lung cancer. Topics they may have difficulty talking openly about include continued tobacco use, cancer symptoms, the patient's prognosis, and the emotional effects of lung cancer on the spouse ^[4].

Sometimes during times of stress, people cope in ways that are actually not constructive. They may avoid certain discussions in an effort to prevent conflicts, deny that a problem exists, spend time engaging in self-blame or blame over the cancer cause, vent their feelings in an unproductive way, or use substances such as alcohol, tobacco, or other drugs. Over time, these coping efforts may promote relationship conflict and psychological problems.

Many couples may cope in ways that aim to “protect” one another, but are actually counterproductive. For example, partners may emotionally withdraw from each other, refusing to ask for help or share feelings, thinking that they are protecting their spouse from the stress of their emotions. Or, they may avoid discussing certain topics thinking it will be too upsetting for their partners. Others



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may not know how to respond or act during a cancer-related discussion. Research shows that talking and sharing feelings facilitates a person's coming to terms with traumatic life events, such as cancer. When spouses do not know how to respond, or provide negative reactions when discussing cancer with their partner, they may unintentionally be hindering the emotional processing needed by both spouses to deal with the disease ^[5]. If partners discourage each other from expressing thoughts and feelings, both the patient and the spouse may avoid much needed discussions, which can actually increase their psychological distress.

What Can Help Couples Cope with Lung Cancer?

Research suggests that using good active coping skills and having a reliable support system can help individuals adjust more effectively to stress. Additionally, healthy spousal communication is important, as it has been associated with less distress and more relationship satisfaction in both cancer patients and their partners ^[6].

There are several strategies couples can use to help them more effectively cope with cancer:

Approach cancer as “our problem” rather than “his/her” problem or “my” problem.

- Make a list of questions and attend medical appointments together so you will have a shared understanding of what to expect.
- Problem-solve situations together. Write down how decisions will affect you both. Use this information to decide the best course of action.
- Sometimes priorities change after a cancer diagnosis. Write down your priorities as a couple to ensure that both of you are on the same page.
- As you learn information, share it with each other.
- Ask for each other's point of view.
- When necessary, help one another try to re-frame a problem positively and/or take a different perspective on stressful situations.
- Before cancer, both members of a couple have certain responsibilities (e.g., cooking, running errands, etc). After cancer, these responsibilities may need to change temporarily or permanently, depending on how the disease and treatment affect the patient. As a couple, decide how these responsibilities will change. It is sometimes helpful for patients to continue to assume some responsibilities, but to do so in a way that is less physically demanding.



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Engage in healthy relationship maintenance strategies ^[7].

- Participate in activities together, e.g., household tasks; hobbies; leisure activities.
- Be positive whenever possible. Messages are often lost if *everything* said is negative.
- Assure your partner of your commitment to him/her and the relationship.
- Talk openly about your relationship with one another.
- Allow yourself and your spouse to seek support from others (e.g., family, friends). This will offer opportunities for both of you to seek other points of view. Additionally, letting others in allows family and friends to help with certain responsibilities, which may provide more time for you and your spouse to concentrate more effectively on each other and the things that are important to both of you.

Learn and regularly practice healthy communication.

- Schedule time each day to talk. Pick a time that will have minimal disruptions.
- If communication problems are ongoing, discuss positive or neutral topics during the beginnings of your discussions.
- If discussions get heated, take a time out. Go in separate rooms and calm down. Afterwards, return and continue the discussion for the scheduled time.
- Avoid criticism, sarcasm, yelling, name-calling, and interrupting.
- Focus on the present topic. Don't bring up old arguments.
- Be an active listener. Restating what your partner said shows you are listening and allows for the correction of misunderstandings.
- Take time to discuss difficult topics and discuss only one topic at a time. Avoid surprising your partner by telling them in advance that you wish to discuss a certain issue.
- Recognize that sometimes all your partner needs is for you to listen.

Know your limits. Some problems are serious and may require a mental health professional for help, particularly when one or both of you:

- Have thoughts of hurting yourself or someone else.
- Feel depressed or anxious and it persists or interferes with your functioning in some manner.
- Physically or verbally threatens the other.
- Have problems with alcohol or other drugs.



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The cancer journey is one of the most challenging anyone will face. Couples who face this challenge together, with a commitment to their relationship along with their commitment to battling the disease, are more likely to cope successfully individually, and together.

Cindy L. Carmack, Ph.D

Dr. Cindy L. Carmack, Ph.D., is an Associate Professor in the Department of Behavioral Science in the Division of Cancer Prevention and Population Sciences at the University of Texas M. D. Anderson Cancer Center.

Dr. Carmack's research focuses on psychologic factors associated with health and disease. Since joining M. D. Anderson in September 1996, she has examined the impact of cancer on the quality of life (QOL) of both patients and their families. She collaborated on several grants focusing on the QOL of cancer patients, including those diagnosed with testicular, breast, and ovarian cancers. She was also involved in several studies that examined the QOL of the spouses of patients with cancer. One of those studies was funded by the NCI as a supplement to the Cancer Center Support Grant, and it focused on the QOL of spouses of men with prostate cancer. The purpose of the study was to develop a measure to assess the aspects of nonsexual intimacy that may be affected by prostate cancer, to characterize the QOL of spouses, and to examine the association between patient QOL and spouse QOL.

Dr. Carmack's research interests also include health behaviors such as exercise and smoking and how they influence stress response and QOL in healthy and chronically ill populations. She was the co-principal investigator on two funded studies that examined the effect of a physical-activity lifestyle intervention on the QOL of cancer patients. The first study, Active for Life, was a 3-group randomized controlled trial for patients with prostate cancer who were receiving androgen-ablation therapy. Participants were randomly assigned to a physical-activity lifestyle program, an educational-support program, or a standard community-care program. Outcome measures included depression, anxiety, fatigue, physical functioning, and body-mass index. The second study modified the curriculum from Active for Life as a QOL intervention for breast cancer survivors. Results provided pilot data for a larger randomized clinical trial.

Future research will include longitudinal studies of both patient and spouse QOL that will allow us to identify couples at risk for distress and spouses who may experience a complicated bereavement following the patient's death. Dr. Carmack's overall research goal is to develop psychosocial interventions for both patients and spouses.



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