

A Strategic Approach to Supporting Couples: Cancer and Beyond

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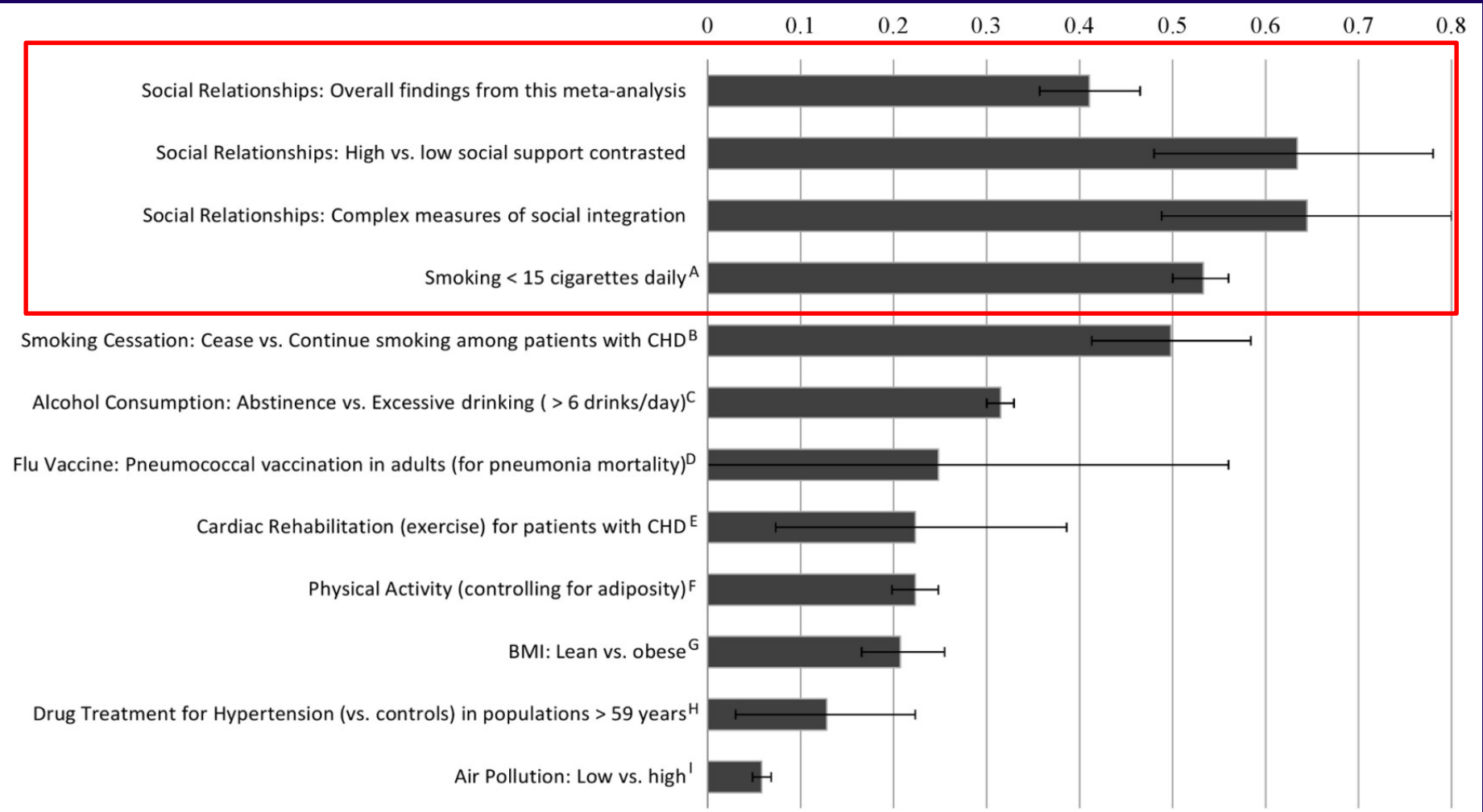
- What (very specific) Behaviors Does Your Partner or Very Close Friends Manifest that Cause You (personally) Stress?

**2-3 words (written
neatly) please**

Summary

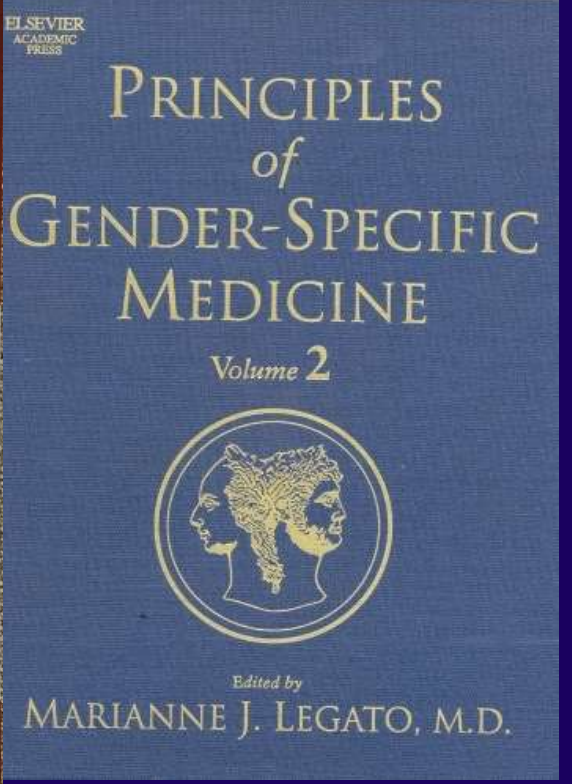
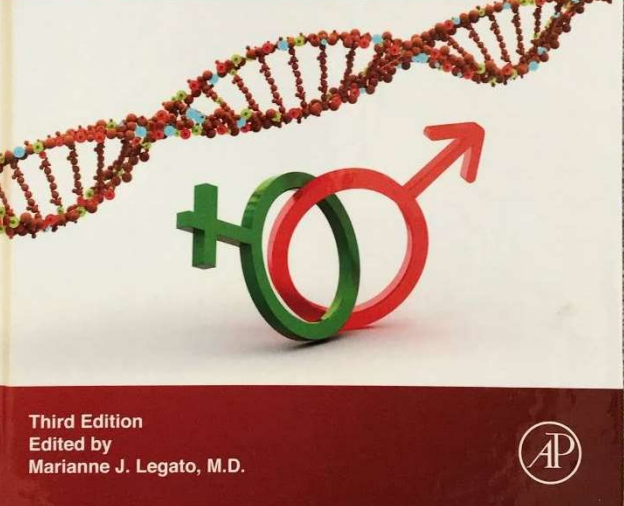
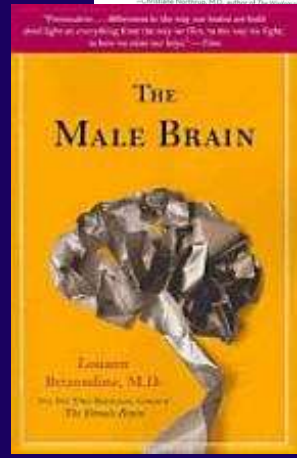
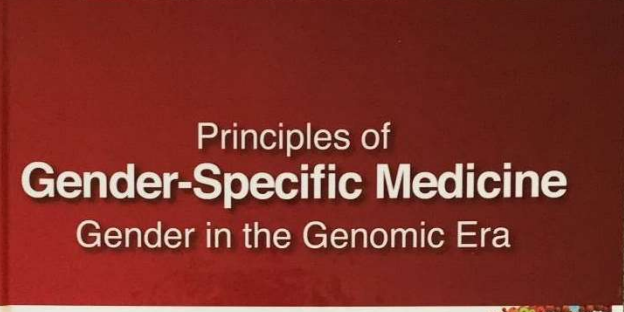
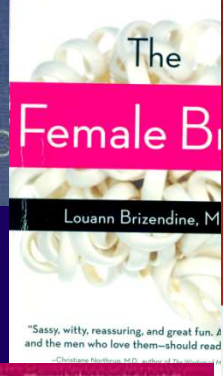
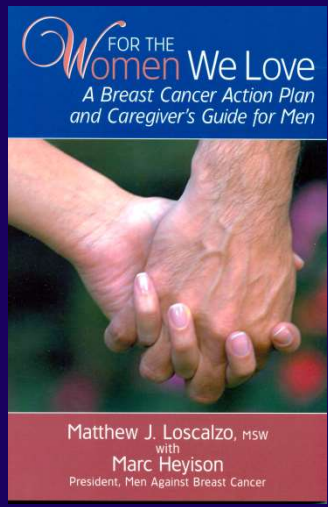
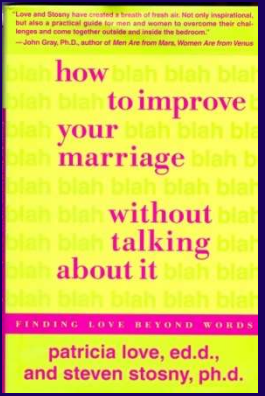
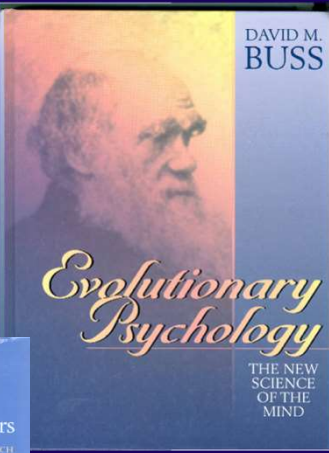
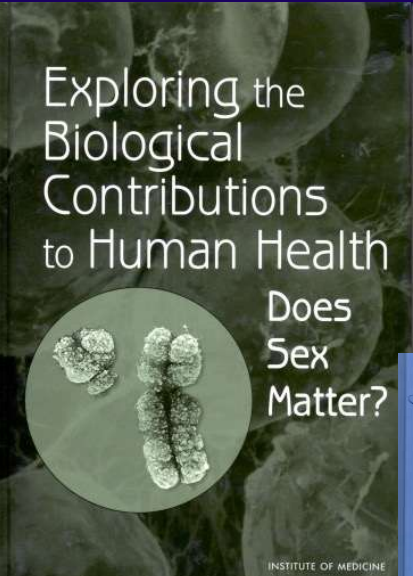
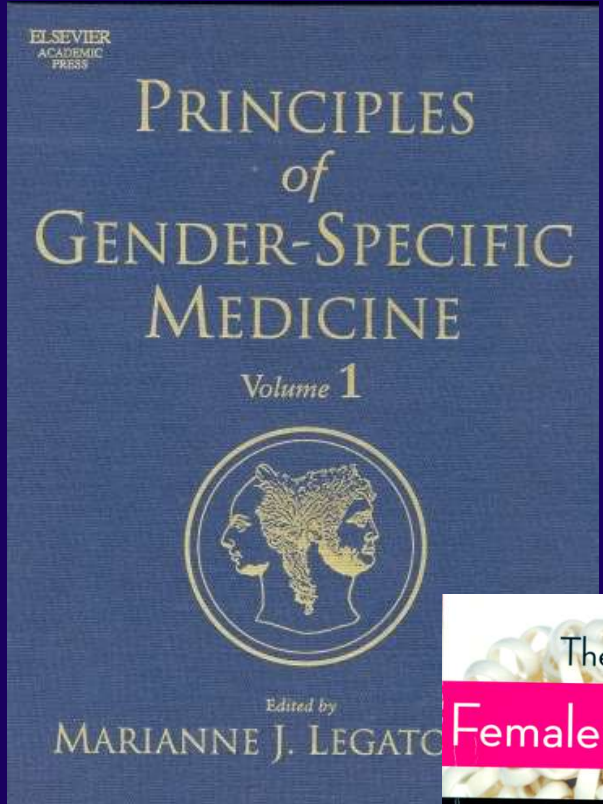
- Survivorship happens as life is lived
- Transitions can be transformative
- There is little relevant to those surviving cancer that is not relevant to all sentient beings
- Serious illness is an opportunity to decide on the life lived beyond the one inherited
- Women benefit from supportive partners
- Women are undermined by some partners
- Some relationships improve and get closer
- Health care professionals can actively support relationships

Odds of decreased survival across various conditions: Meta analyses of 148 studies (N=308,849)

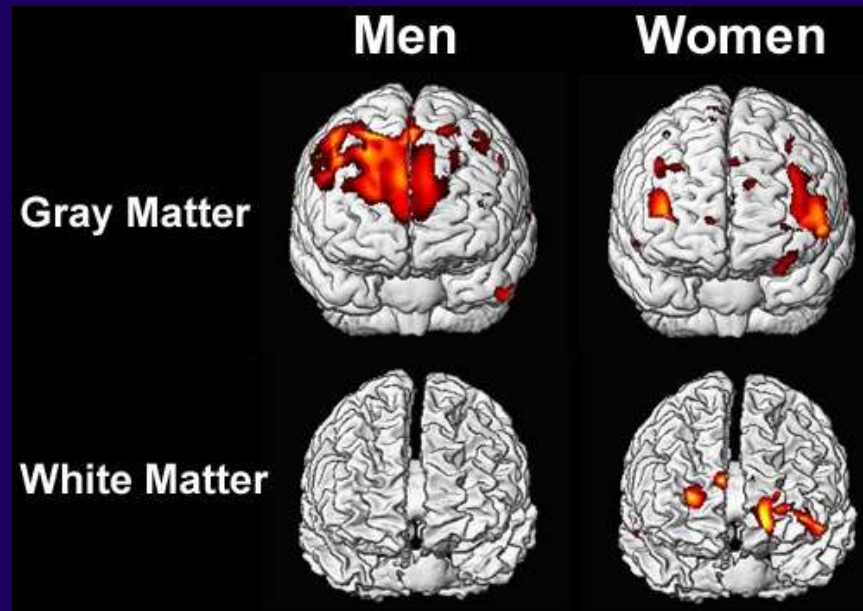
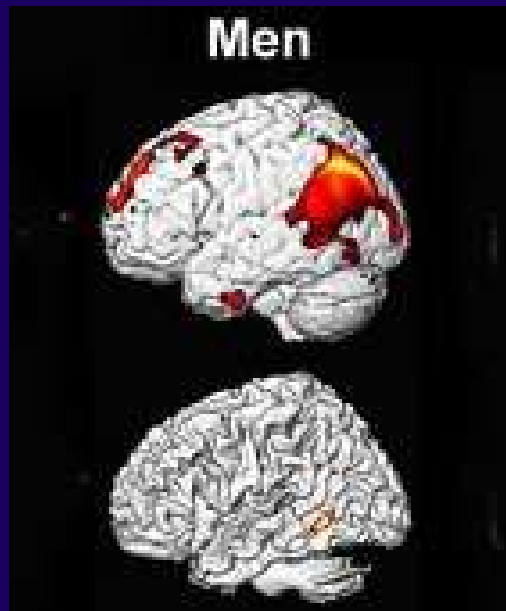


What keeps you healthy!

- Physical activity
- Emotional regulation
- Healthy diet including weight management
- Avoidance of tobacco, street drugs, alcohol
- Social integration
- Healthy social contexts
- Healthy physical environments
- Access to competent medical and psychological professionals



Intelligence: Different Routes Same Outcome



- No single neuro-anatomical structure determines intelligence
- Women 10X white matter (networking/connections processing centers) related to intelligence
- Men have 6.5X gray matter (information processing centers) related to intelligence

Haier R. Jung R. et al. NeuroImage, 25:320-327, 2005

Why Care About Partners?

- Illness is a problem, life threatening illness is a crisis
- Partners are often the primary support for *each other*
- Families are smaller so inter-dependence is greater
- Less social support for women from other women
- Families may be more isolated due to physical distances
- High expectations on same sex or heterosexual partners
- Unlike in the past, women seek emotional support from fewer others, partners struggle to know what to do, the health care setting makes no meaningful space for partners to support their partners, partners can be a life raft or a millstone
- Who else is going to teach the next generation how to care





"He makes it look so damn easy."



"It pains me to tell you this, but it ain't broke."



MØLVIG

"I wanted to do that."

Women Found to React to Stress by Social Contact Rather Than 'Fight or Flight'

By ERICA GOODE

For more than a half-century, scientific gospel has held that animals, including humans, respond to stress by preparing to do battle or to flee, a physiological syndrome commonly known as "fight or flight."

But in a new report, a group of researchers asserts that females often show a very different reaction to stress, one that centers on nurturing and seeking the support of others rather than aggression or escape.

The difference between the fight-or-flight response in males and this "tend and befriend" response in females, each seen both in humans and in animal species, is based in hormonal differences between the sexes, the researchers suggest. And it may help explain why women are less vulnerable than men to stress-related illnesses like hypertension and alcohol and drug abuse.

Moreover, the researchers contend, in a long-ago world, women's more social response to stress may have conferred an evolutionary benefit, promoting survival and reducing the risk to females and their offspring posed by predators, natural disasters and other Pleistocene Epoch threats.

"Fight or flight is basically a response that doesn't involve the hands-on protection of others," said Dr. Shelley E. Taylor, professor of psychology at the University of California at Los Angeles and lead author of the report, which is to be published in the journal *Psychological Review*. "But females needed to protect their young, and affiliating with a social group afforded more protection for females with one or more

young children."

Although many links in the researchers' theory still await scientific confirmation, evidence from a variety of research areas supports their basic thesis. And if the link between the differences in physiology and behavior in men and women is confirmed, it may shift the way scientists approach stress research, as well as research in other areas of health.

The theory, said Dr. Bruce McEwen, professor and director of the Laboratory of Neuroendocrinology at Rockefeller University, "still has to reach out and connect to biology." But he said that Dr. Taylor's work offered "a new and broader framework" for thinking about responses to stress, and that "it captures something I do not think has ever been captured before in describing gender differences that seem to apply across animal species."

Dr. Taylor said her study of "tend and befriend" responses began with an offhand comment by a postdoctoral student, who noted that most animal studies of stress were conducted using only male rats.

Doing a little digging, Dr. Taylor and her colleagues discovered that the same was true for human studies. In laboratory studies of biological responses to stress conducted before 1995, for example, only 17 percent of subjects were women.

And the notion of a lone warrior locked in combat or surrender mode that emerged from such research did not mesh neatly with evidence from psychological studies, which showed that in stressful situations,

women often sought out the company and support of others, or coped with stress by nurturing their children.

In a 1989 study, for example, Dr. Rena Repetti, also of U.C.L.A., found that mothers returning home after a stressful day at the office were more likely to devote time to their children, while fathers were more likely to withdraw or incite conflict.

For the journal report, Dr. Taylor and her colleagues reviewed several hundred stud-

Researchers find a 'tend and befriend' instinct in women under stress.

ies in a variety of scientific areas, including human and animal research on the body's hormonal response to stress.

In the process, they found that oxytocin, one of a cascade of hormones released in response to stress, appeared to play a central role in females' response.

Studies have linked oxytocin, which is also produced during childbirth and nursing, both with maternal behavior and with social affiliation. And animals and people with high oxytocin levels, researchers have found, are calmer, more relaxed, more social and less anxious.

But the effects of oxytocin during stress,

Dr. Taylor and her colleagues found in their review, appear to vary between males and females. In males, male hormones like testosterone, which studies have shown increases during stress, seem to mitigate the more calming, affiliative impact of oxytocin.

The female hormone estrogen, in contrast, appears to enhance the action of oxytocin. In a study at U.C.L.A., for example, Dr. Taylor and her colleagues found that postmenopausal women who were receiving estrogen therapy had more than three times the level of oxytocin as women not receiving hormone replacement therapy.

"This may explain why women are more likely to turn to others, both their children and friends, than men are in response to stress," Dr. Taylor said.

The findings, she cautioned, should not be taken to mean that "it is only or primarily women who can and should take care of children."

"I don't think there's any implication of that sort in this model," she said.

She added that females of course also displayed aggression in some circumstances. But studies show that they are less likely to be physically aggressive, and more likely to express aggression indirectly. And while the revving up of the sympathetic nervous system that occurs during stress appears intimately tied to high testosterone levels and aggression in men, the same mechanism may not be at work in female aggression.

The researchers' study adds to the grow-

ing evidence that men and women differ markedly in the way their bodies respond to a number of health-related conditions, and in some cases may help scientists understand more about why this is so. Studies show, for example, that the "classic" symptoms of heart attack — pain radiating down the arm, for one — occur much more often in men than in women, who may experience shortness of breath instead.

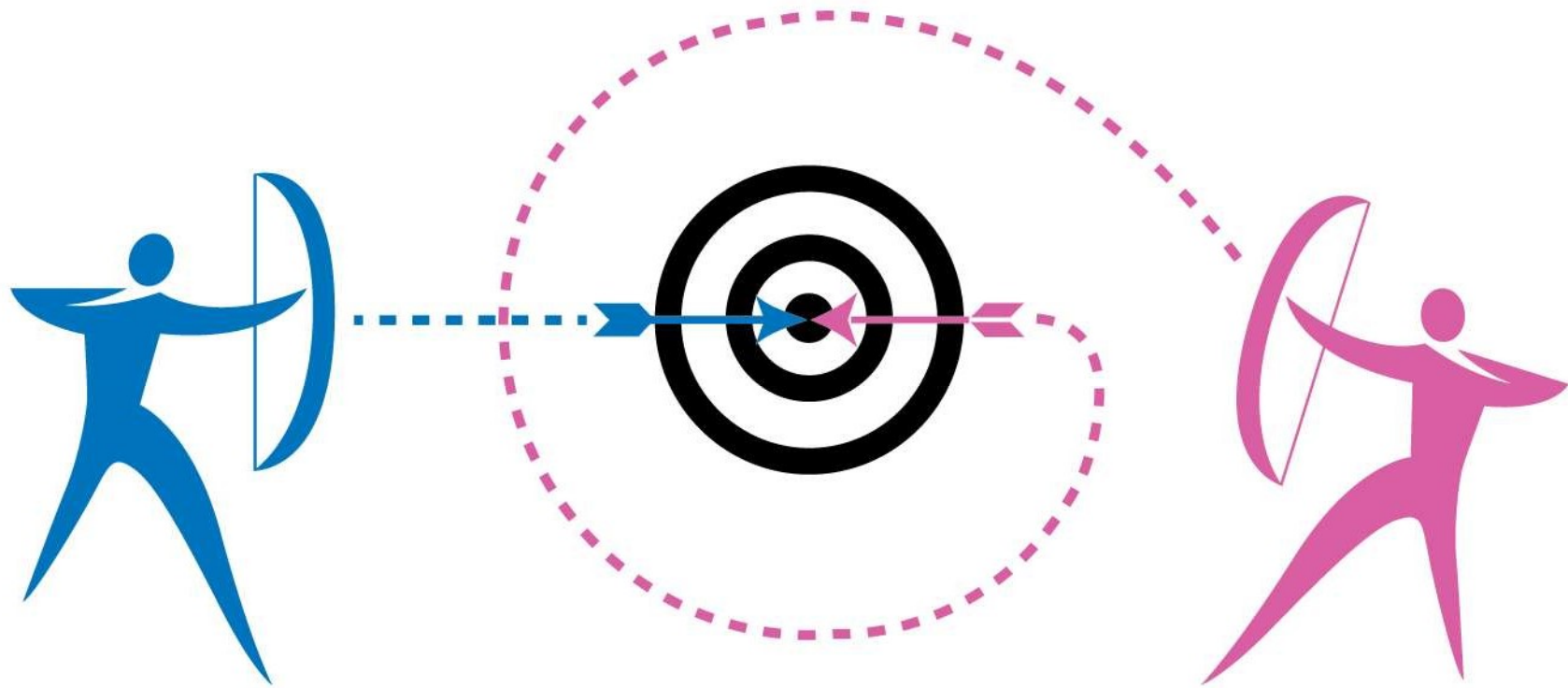
Still, not everyone is convinced that the differences in behavior that men and women show during stress are tied to physiology.

Dr. Alice Eagly, professor of psychology at Northwestern University, said that the gender differences could be rooted in hormones but that alternatively, they could be a result of learning and cultural conditioning.

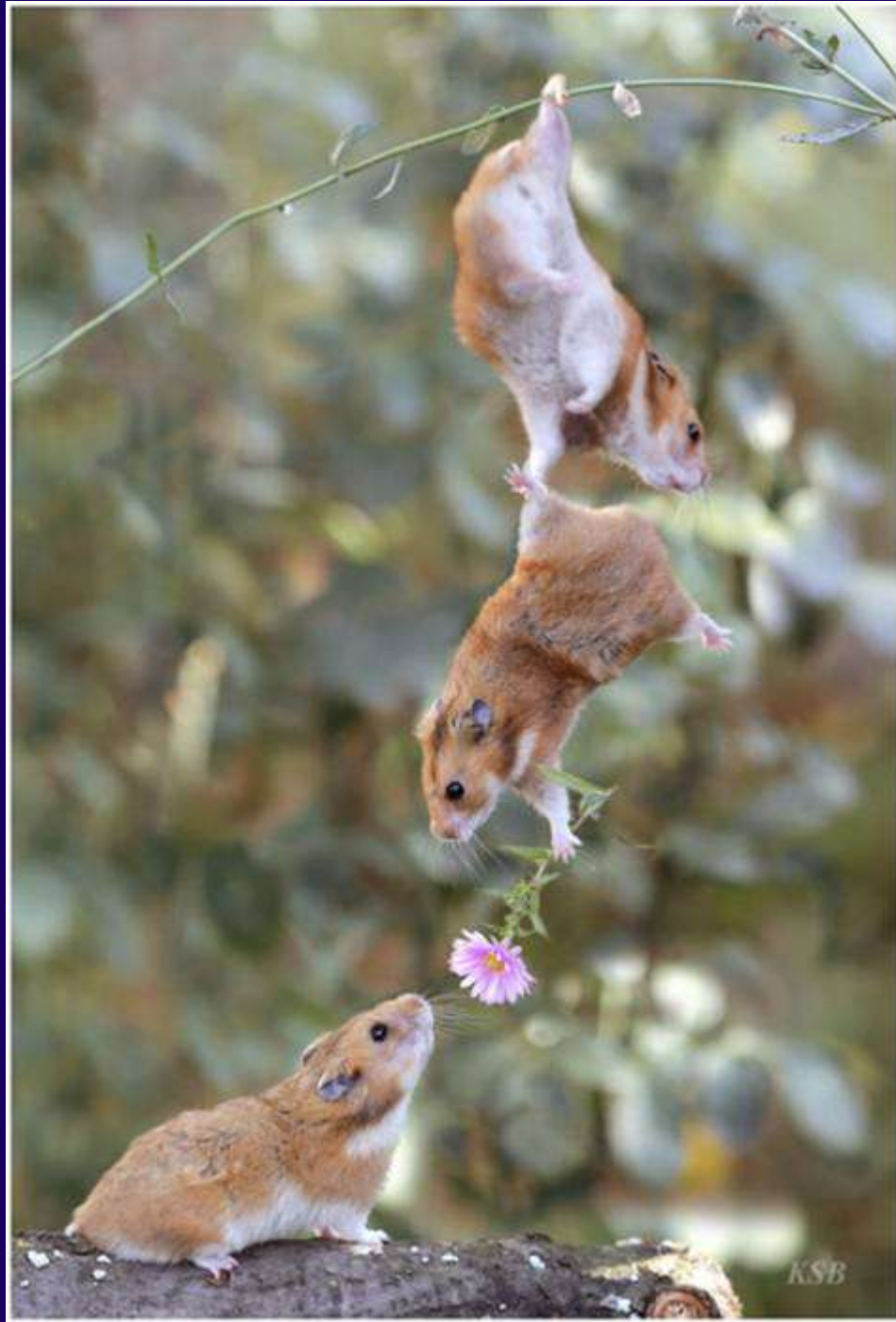
"I think we have a certain amount of evidence that women are in some sense more affiliative," Dr. Eagly said. "But what that's due to becomes the question. Is it biologically hard-wired? Or is it because women have more family responsibility and preparation for that in their development? That is the big question for psychologists."

For her part, Dr. Taylor hopes that an awareness that people can respond to stress by becoming more social will also widen the lens through which scientists study men. Most studies of stress response, she pointed out, not only use male subjects but look at male subjects by themselves, not in groups.

"Men are greatly benefited from participating in social groups," Dr. Taylor said. "And those responses are clearly quite vital, but we don't know as much about them."

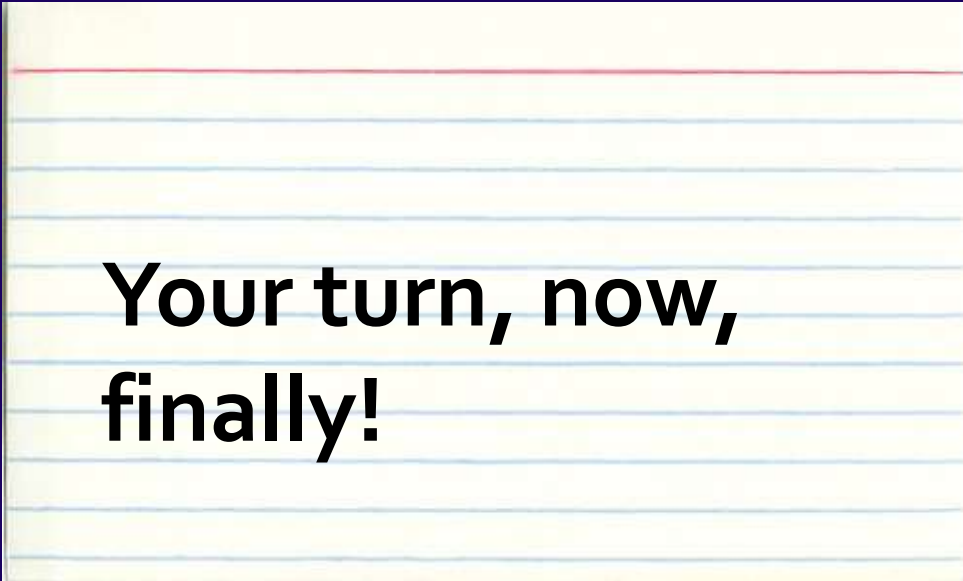


**Gender inclinations with
great adaptability**





- What (very specific) Behaviors Does Your Partner or a Very Close Friend Manifest that Cause You (personally) Stress?



**Your turn, now,
finally!**



Strategically *Strengthening* Relationships

- Natural transitions in cancer care as opportunity to triangulate the cancer experience to unify the couple
- You always knew this relationship would end yet you had the courage to commit anyway
- Sharing of patient/partner successful experiences along with evidence based data and “our” clinical experience...

Greater Awareness and Openness to Sex and Gender

- Less fear, social isolation and stigma
- Less stress for patients, caregivers and staff
- More realistic view of the true complexity of relationships of all kinds
- Release from delusions frees up psychological and spiritual energy to reinvest in true living
- Acceptance of the reality of diversity creates many more options to caring, connecting, supporting and loving

Overview of Cancer and Gender Literature

- Gender has been shown to be an important component in coping and stress interventions
 - Women and men respond differently to stress (Taylor, 2006)
 - “tend and befriend” for women
 - “fight or flight” for men
- Partners are an important source of support that can not be replaced by other types of support
 - “Positive relationships with many supportive friends does not make up for a problematic relationship with a single partner”. (Pistrang, 1995)
- Women report-men are better at instrumental than emotional support (Fergus, 2009)

Overview of Cancer and Gender Literature

- Individual levels of distress were determined more by gender than by patient-partner role
 - Women reported consistently more emotional distress than men, regardless of their role (Hagedoorn, 2008)
- 42% (287) of couples actually report the breast cancer diagnosis brought them closer
 - Preexisting marital satisfaction was not a predictive of getting closer (Dorval,2005)
- Few successful models focus on identifying and appreciating the unique contributions from each gender and making deep emotional connections during times of stress-when they are needed most

Couples Coping with Cancer Together

1. Proactively identify and address an opposite or sexual minority couple's biopsychosocial distress so they can best engage in the benefits of medical care.
2. Enhance a couple's ability to openly and honestly communicate, emotionally support, and solve problems together during times of stress.
3. Provide couple's with skills needed to start living the relationship they have always wanted.



Partners Clinic Process

- Screening
- Orientation
- Education
- Psychological support
- Initial consultation with surgeon
- Exit evaluation survey

Orientation

- Acknowledge that cancer transitions will cause (dis) stress
- Recognize that due to level of stress they may not retain all of the information given
- Acknowledge the fear of mortality by using the word “death” or “dying” within first few minutes of session
- Make a request that they think about the positives that brought them together attributes and values

Education

- The information discussed is comprised of what past patients, partners, research and our clinical experience has identified as helpful
- Normalize potential of gender differences in communication and coping.

Partner's Guide to Managing the Challenges of Breast Cancer: It Takes a Team



Courtney Vito, MD Courtney Davis, LCSW Matthew Losakos, LCSW

Breast cancer affects the whole family. So whenever possible, it is essential to have a united team who can work together to effectively manage the disruptions to normal life. Breast cancer will cause stress in many areas of your life including your relationships, your family and your work and home life. For many partners and families the breast cancer experience is also an opportunity to grow closer as they solve problems together.

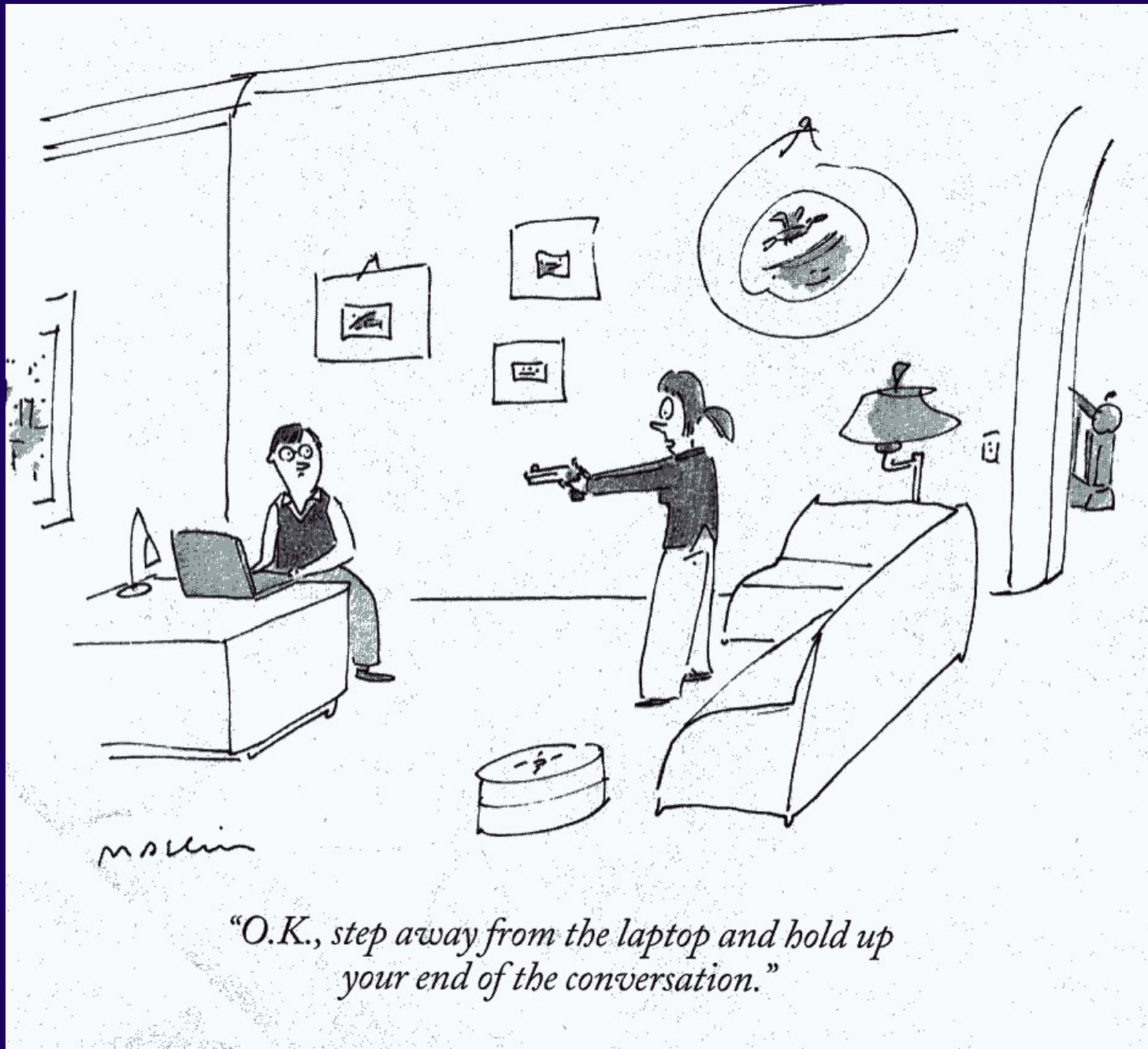
The Partner's Guide was developed from many years of learning from women with breast cancer, partners and families. You are encouraged to use the wisdom below so that you can benefit from the experiences of others.

What you can do as a Partner that is Helpful for the Woman:

- Communicate with each other in a way that you will be proud of in the future
- Reflect before reacting to your partner
- Actively encourage the sharing of emotional concerns and fears
- Listen to her concerns without trying to "fix" or minimize them
- Offer advice only when specifically requested
- Be open to helping the woman with her physical post surgery care
- Be a good listener by listening twice as much as you speak
- Only give reassurances that are firmly based in reality (for e.g. "You can count on me")
- Be physically present at all medical appointments even when not asked
- Learn about the illness and treatments
- Help the woman get through the information she needs to read
- Take notes and ask questions at medical appointments
- Help the woman get things done when the woman can not
- Respect and support the woman's right to make her own decisions
- Remember that the woman is still a capable individual
- Help the woman share information with others she wants to keep informed
- Advocate for the woman if needed (whether with health care providers or other family members)
- Be open to listening to the woman expressing her concerns as long as she needs to

What you can do as a Woman to get the best out of your partner or family member:

- Reflect before reacting to your partner
- Be honest and direct about how you feel, especially about your fears
- Avoid testing-be specific about what you want from others
- Stay in the present-no past hurts or conflicts
- No mind-reading-if confused about behavior, ask your partner. (For e.g. "What is your goal in telling jokes when I am sharing my fears?")
- Avoid proving points-focusing on who is right means that you both lose
- Tell your partner when you need for them to just listen or when you are seeking advice
- Respect that you and your partner might cope with things differently
- Accept help from others so they have the opportunity to show you that they care about you
- Access support from friends, family members, peers and/or professionals



"O.K., step away from the laptop and hold up your end of the conversation."

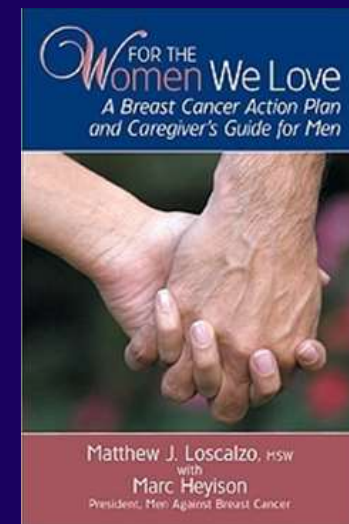
Psychological Support

- Both the patient and the partner are encouraged to take responsibility for how they react and interact with one another
- During the discussion the patient and partner provide input about their unique relationship, ask questions, and clarify techniques to feel part of the process.

Resources for Patient and Partner

The patient and partner are given:

- The information discussed in written format
- Linkage to supportive care services for future needs
- Book “For the Women We Love: A Breast Cancer Action Plan and Caregiver’s Guide for Men”





"Does the doctor hug?"

Benefits to Patients



- Have more issues addressed upfront and know where to turn for help
- Are trained to ask for help and offer each other support
- More actively participate in their care and decision-making
- Have durable bonds to the team as a whole
- Truly feel cared about and valued as people
- Get on with living non-cancer focused life based on personal aspirations and values.

Some Final Clinical Observations

- It is feasible to provide a psychoeducational intervention before a patient's initial visit with their physician as the first step to prepare for ongoing care and ultimately survivorship.
- Couples appreciate partnering with health care team that appreciates and actively supports their strengths while appreciating their vulnerabilities.
- A integrated interdisciplinary team and program integrated into the already established clinic process ensures program success and sustainability.



Your medical team invites you to

Couples: Essential Skills for Overcoming the Challenges of Cancer Together

The group will meet every third Tuesday of the month starting March 17, 2015

12 to 1:30 p.m.

Needleman 1 Conference Room

Located directly to the left of the fountain. Signs will be posted.

Each group will be interactive and focus on a different topic. Feel free to come alone or with your partner. Registration is greatly appreciated. Walk-ins are welcome.

For more information and to register, please contact **Courtney Blitz** at cbitz@coh.org or (626) 218-2125.



Courtney Blitz



Matthew Loscalzo

Sponsored by the Sheri & Les Biler Patient and Family Resource Center/Department of Supportive Medicine

*"At City of Hope you and your family are part of the medical team. Learning how to solve problems and communicate together will ensure that you get the maximum benefit from your medical care."
— Joanne Mortimer, M.D.*

Benefit from the wisdom of past patients, caregivers, research and our clinical experience:

- Gain knowledge about specific techniques to enhance open and honest communication
- Learn practical behaviors that will strengthen your relationship
- Practice effective problem solving skills together

Patient and Partner testimonials

"I really liked the informal format. It is enlightening to listen to other people's experiences, share ideas and receive feedback from the facilitators."

Straight Talk from the Heart Reflect before Reacting (hint...it works for all of us.....)

▪ For *him*

- Reflect before Reacting
- Wise & courageous
- Do not try to fix her problems
- Listen without giving advice
(unless asked)
- Be open to her expressing her concerns as often as she needs to
- Be physically present

▪ For *her*

- Reflect before Reacting
- Avoid the natural inclination to protect
- No testing-say what you need
- No mind reading, ask do not tell
- Stay in the present, no past hurts
- Tell your partner what you really want

Examples of Quotes from COH Gender-Specific Programs

- “...oh, is that why he does that, I never would have guessed...”
- “...how can she not know that I love her, I am here...”
- “...we have been married for 50 years and we never had a conversation like this...”
- “...if I would have known how to talk like this I might still be married to my first husband...”
- “...enough of him sharing his feelings, I want my man back...I have feelings too.”

Cues to Healing Conversations

- When most people hear the word cancer they think about dying.
- From the first day you met you knew one day this relationship would end.
- When you react under stress what do you do to act in a way that you will be proud of (now and later)?
- What kind of relationship have you always wanted to have?
- What are you willing to commit to do today make this relationship one in which you will be most proud?

Illness as Opportunity



“Illness as an opportunity, though a dangerous one...Illness takes away part of your life, but in doing so gives you the opportunity to choose the life you will lead, as opposed to living out the one you have simply accumulated over the years.”

Frank A. (1991). At The Will of the Body. New York: Houghlin Mifflin