



## CHANGES IN SOCIAL RELATIONSHIPS AFTER CANCER: EXPERIENCES OF WOMEN BREAST CANCER SURVIVORS

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### ABSTRACT

**Introduction:** Breast cancer is one of the most commonly seen cancers among women in India. The diagnosis of cancer brings numerous issues to the patients and their family. The physical and emotional concerns are quite frequently studied but changes in social relationship are yet not duly studied. The present research aims to study the changes in social relationships of the breast cancer survivors at different time intervals during their follow up period.

**Methods:** This descriptive research studied a total of 90 breast cancer survivors in three groups. Data was collected using a mix of quantitative and qualitative approach. Quantitative data was collected through a number of variables on five point scale and qualitative through self developed interview schedule.

**Results:** The findings reported that social functioning of the long term survivors (> 2 years) was better as compared to those in initial follow up. The survivors in initial 6 months of follow up did not receive expected social support from their friends and neighbours.

**Conclusion:** Social relationships of breast cancer survivors though improve in long run but they need emotional support from extended family and friends. The research has implications for psychosocial interventions to strengthen social network of the survivors.

**KEYWORDS :** Breast Cancer, Cancer, Follow up period, Social relationships, Women

### INTRODUCTION

Breast cancer is one of the highly reported cancers among women in India<sup>1</sup>. Cancer affects not only the patient but entire family get disturbed due to pressures of the disease. Partner, children and relatives may be just as emotionally affected by the disease as patients themselves<sup>2</sup> affecting the interaction patterns in families. The family household activities, routine of other family members and social relationships may also be disturbed. Cancer survivors may experience changes in their social relationship due to their physical complications, emotional disturbances, nature and heavy cost of treatment. During primary treatment phase, patients may also avoid going out of the house because of weakening immune system which may also curtail their social relations. There has been much emphasis on studying physical and emotional concerns of the patients but their social issues are not given much attention<sup>2</sup>, though past studies have shown that cancer patients and their families experience high level of social difficulties<sup>3,4</sup>. Further, it is important to understand if the impact on social relationships of cancer survivors remains same throughout the disease course. Patients who are visiting the hospitals regularly for their treatment also have access to psychosocial professionals, but it may be limited during the follow up periods when patient's visit frequency is very limited. Thus, it is important to study the nature of changes in the social relationship of the cancer survivors during the immediate and long term follow up period. The present research aims to study the social relationships of breast cancer survivors at different time intervals during their follow up period.

### METHODOLOGY

The research was descriptive in nature and followed a cross-sectional design to study the changes in social relationships of breast cancer survivors over a period of time during the follow up phase. Three groups of the breast cancer survivors were selected on the basis of length of follow up period. The first group consisted of patients within first 6 months of follow up, second 6 month-2 years of follow up period and third 2-5 years. A total of 90 women, 30 in each group were selected through purposive techniques. Women of 25-65 years of age and diagnosed at stage 0, I, II or III were selected in the sample. Patients with stage IIIb and stage IV were excluded to standardize the sample with respect to treatment modalities, illness severity, and prognosis. Data was collected using self developed interview schedule facilitating qualitative sharing about personal, family and social concerns of the survivors. In addition quantitative data on social relationship was

examined through a number of variables on five point scale. Responses were quantified on ordinal scale and scored responses facilitated the final interpretation about social functioning. The data was statistically tested using 't-test' to compare means of the social functioning of the three groups.

### RESULTS

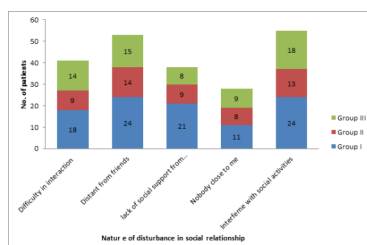
A total of 90 women breast cancer survivors were studied, their demographic and medical characteristics are presented in table 1. Majority of the participants (70%) were above 45 years of age. A small percentage (7%) was less than 35 years of age. Majority (72.22%) were married. The sample included 7 unmarried women who developed cancer after 45 years of age. A big majority (34.44%) was graduate; none illiterate and rare being below primary level. Among the employed, 19 were engaged in government jobs and two worked as private professionals. Self employed women were engaged in tailoring, shop-keeping, catering, export-import, agriculture and education. Respondents' own perception was considered for identifying their socio-economic status. Half of the sample belonged to middle class, a small percentage (7.78%) from lower middle and rest all were upper and high class. Almost 1/4<sup>th</sup> of the sample (26.22%) had family history of cancer, 13 women had first degree relative and 9 second degree relative diagnosed with cancer. In two cases family history of both first and second degree relatives was present.

**Table 1: Demographic and medical characteristics of the study participants**

Patient's attribute	Number of patients
<b>Age group</b>	
25-35	7
35-45	20
45-55	29
55-65	34
<b>Marital status</b>	
Married	65
Unmarried	7
Widow	5
Separated	3
<b>Education</b>	
Below Primary	02
Primary to secondary	23
Secondary to Sr. secondary	15
Graduate	31
Post graduate and above	19

<b>Work status</b>	
Employed	21
Self employed	10
housewife	59
<b>Socioeconomic status</b>	
Lower middle	7
Middle	45
Upper middle	26
High	12
<b>Diagnostic stage</b>	
Stage 0	3
Stage I	31
Stage II	45
Stage III	11
<b>Family history</b>	
First degree relatives	13
Second degree relatives	9
Both	2
NA	66
<b>Total</b>	<b>90</b>

For studying changes in social relationships, the survivors were asked to share their concern on five dimensions namely 'difficulty in interacting with people', 'getting distant from friends', 'lack of social support from family and friends', 'feeling nobody is close to them' and 'interference with social activity'. Figure 1 shows that number of respondents experiencing difficulty in interacting with people was highest in Group I followed by Group III and least in Group II. Respondents shared that main reasons of difficulty in interaction with people were- people's indifferent attitude, inferiority complex because of disfigurement, restricted movement, inability to bear up heat and humidity outside. The degree of finding oneself distant from friends was highest in initial 6 months. Respondents shared that initially friends used to make frequent visits, but gradually frequency declined. Friends even stopped calling them for kitty party or get-together. In few cases, respondents shared that friends proved to be very cooperative. They helped in daily-household, groceries shopping and at times escorted them to hospital. A big majority in group I (21) felt lack of social support which improved in group II and group III. Respondents shared that people's indifferent attitude, expressing pity, making embarrassing talks, patient's unwillingness to disclose about the disease were main reasons of curtailed social support from friends and neighbours. Figure 1 shows that a good percentage of survivors in all the three groups (69%) did not ever feel absence of people around them. Main reasons for those feeling isolated were- missing company of life partner; husband's being busy in work, children being away from home and patient's restricted movement. Group-wise comparison showed that number of respondents experiencing interference with social activities was highest in group I, followed by group III and least from Group II. In few cases, survivors shared that they did not disclose about the disease even to in-laws, so they avoided visiting extended family and hence their relationship turned strained. In few other cases, respondents shared that they avoided attending parties or social gathering because of disfigurement or fear of looking awkward.



**Figure 1: Group wise comparison of social relationships of breast cancer survivors**

't-test' brought out statistical significant difference between group I & II, group II & III and group I and III (table 2) which was highest between group I & group III, followed by group II and group III and least being between group I and group II.

**Table 2: Paired 't-test' for social functioning of the survivors**

Pair		Mean	t-value
Pair 1	Group I Group II	4.100 4.500	-1.909**
Pair 2	Group II Group III	4.500 4.300	0.912**
Pair 3	Group I Group II	4.100 4.300	-0.879**

\*\* Significant at 0.05 level

## DISCUSSION

The study reported changes in social relationships of the breast cancer survivors using both quantitative and qualitative means. The research reported a very few cases of breast cancer (7%) below 35 years of age which is in line with published records. The previous literature also suggest that breast cancer is generally seen after 40 years of age<sup>5, 6</sup> and primarily is a disease of older women'. All the unmarried women in this sample developed cancer after 45 years of age. This indicates that unmarried women may develop cancer either in late adulthood or early old age, same has also been reported in previous literature about marital status and risk of developing breast cancer among women<sup>8, 9</sup>. The number of survivors with first degree relatives was comparatively more than second degree relatives, thus data suggests that women with first degree relatives were more prone to develop cancer in their life time than with second degree relatives which has been stressed in previous medical literature too<sup>6,10,11</sup>.

The study reported that patients experience substantial changes in their social relationships even during the follow up period suggesting that social relations remained strained for a longer time after diagnosis of cancer. Findings reported that difficulty in interaction and finding oneself distant from friends/relatives was highest within first 6 months of follow up. This suggested that survivors in initial follow up period face maximum difficulties in social interactions. Past studies have also reported barrier in social engagement and risk of social isolation for the advanced cancer patients<sup>2</sup>. Another study from UK reported that cancer and its treatment impact social relationships and induce social difficulties to patients irrespective of the disease stage<sup>3</sup>. Thus, survivors in initial follow up phase did not receive much social support from their friends and neighbours. This might be because of their limited accessibility to outside environment. Respondents shared that reasons of not getting expected social support from friends and neighbours included their indifferent attitude and behaviour. Further friends or neighbours expressed pitiful attitude, made unnecessary talks and visited only for the sake of formality. Secondly, avoidance on part of survivors resulted in less support as they did not disclose about their disease to everyone. Majority of survivors in initial 6 months of follow-up phase felt that their physical health or emotional problems interfered with their social activities to a certain extent. Patients avoided social relations because relatives used to ask embarrassing questions about their cancer, the same has been highlighted by qualitative findings in a previous study<sup>2</sup>. Similarly researchers in the past have emphasised that many a times social relations may not only fail to protect the patient against the stress of the cancer but give additional difficulties<sup>12</sup>. On the contrary, few survivors experienced positive changes in their social relations like friends helping in household chores or marketing which was also highlighted in previous studies<sup>2</sup>.

This research reported that social functioning of survivors of group III was better as compared to other two groups

suggesting that social functioning improved as time progressed. A past longitudinal study also confirmed that as compared to initial assessment at the time of diagnosis, social network and overall quality of life of breast cancer survivors were better after 5 years post diagnosis<sup>13</sup>. Patients in this study shared that their physical health or emotional problems interfered with social activities which was highest in initial 6 months of follow up. The same has also been stressed in previous research which suggested that diagnosis of cancer put a high toll on the normal social life of the patients<sup>14</sup>.

It is well accepted that absence of a supportive network may have negative health consequences for patients. Thus, it is important that patients and families are prepared to identify the sources of strength among their social circle so that they may experience positive changes in their social relationships. In situations where this is not possible, the palliative care organisations must provide social support and assistance in day to day life so that patients don't feel disconnected socially.

## CONCLUSION

Patients in initial few months of follow up experienced restriction in their interaction with family and friends. Social relationships though improve with passage of time, but survivors need much more emotional support from family to assist them in their fight with traumatic episode. Thus, importance of family and social support throughout the course of this disease is inevitable. Therefore, it is very important that psychosocial experts take care of the social network of the patients since the diagnosis to foster positive spirit among the patients and their families.

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