



# THE FAMILY CAREGIVING EXPERIENCES OF MALE SPOUSES OF WOMEN DIAGNOSED WITH BREAST CANCER

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## ABSTRACT

In most cases, care for breast cancer diagnosed women is provided primarily by the patients' spouses. Given that caregiving involves interpersonal exchanges, it takes a toll on relationships, especially for couples with dependent children. The aim of the current study was to explore caregiving experiences of Taiwanese male spouses of breast cancer-diagnosed women who have dependent children (4–12 years old) at home. Data were collected from in-depth individual interviews with 18 spouses, and subjected to qualitative content analysis. The data analysis yielded five themes: (1) Commitment in one's own terms; (2) Cushion the blow of wife's ups-and-downs; (3) Shepherd children to move on toward normalcy; (4) Emotion management with occasional leaking; and (5) Compromise in sexual relationship. The main findings revealed that male spousal caregiving experiences were shaped by Confucian ideas about marriage structure, cultural beliefs about manhood, and constraints in men's emotion management. This work supports the notion that caregiving is culturally constructed experience.

## INTRODUCTION

A diagnosis of cancer is lifechanging not only for the diagnosed patient, but also for the patient's family and caregivers. Spouse caregivers of cancer patients can experience high levels of psychological distress, a reduced quality of life, and substantial risk of burnout (Duggleby et al., 2015), which has led some to characterize cancer as a "we-disease" (Kayser, Watson, & Andrade, 2007).

Studies examining the experiences of male caregivers of breast cancer diagnosed (BCD) patients have revealed that they make sacrifices in many aspects of their life. Specifically, they often prioritize their wives' and children's needs, suffer from disruptions to their schedules, and are left with insufficient time for work (Corney et al., 2016; Lopez, Copp, & Molassiotis, 2012). With respect to children, caregiving men report struggling with providing appropriate guidance. Often, being unsure of their children's ability to cope leads them to be concerned about the extent of information to be disclosed and to minimize the severity of situation. Sometimes they are perplexed by their children's reactions and are unsure how to respond to their emotionally charged questions (Inhestern & Bergelt, 2018).

According to Fletcher, Miaskowski, Given, and Schumacher's (2012) conceptual model of cancer family caregiving experience, primary stressors, secondary stressors, and cognitive appraisal of stressors determine caregivers' behavioral responses and their health and wellbeing. Moreover, personal and social contextual are recognized as affecting caregiving experiences throughout the cancer trajectory. Guided by the conceptual model, the present study focused on the caregiving experiences of male spouses of BCD women in the context of Taiwanese cultural beliefs and values.

## METHODS AND MATERIALS

The current study was part of a larger research project on BCD patient-spouse dyadic coping. The recruiting notices were posted on Facebook or LINE platforms of breast cancer foundations and patient networks. Only patient-spouse dyads with dual agreement to participate were invited for interviews.

Through convenience sampling, we recruited 18 Taiwanese BCD patient-spouse dyads. The mean age of BCD participants was 42.8 years and that of their spouses was 45.0 years. The patient sample included 9 women who had a stage II cancer diagnosis and 3 women who were being treated for a cancer recurrence. The time since diagnosis for the 18 patients ranged from 3 months to 23 months. Only data collected from spouse interviews were used in this study. The data were analyzed inductively following qualitative content analysis (Hsieh & Shannon, 2005).

## RESULTS

The findings revealed five themes:

### Theme 1: Commitment in One's Own Terms

Defined as the attitude or mindset that motivated a spouse to be involved in caregiving, varied with individuals' appraisals of their role as a husband. Four attitude subthemes emerged: (a) share and collaborate with ill wife; (b) shoulder a life-long responsibility for a loved one; (c) stand by you, but following my leadership; and (d) act on leftover needs.

### Theme 2: Cushion the Blow of Wife's Ups-and-Downs

BCD mothers have experienced an array of negative emotions, which have spill-over effects on caregiving loads and the mother-child relationship. Some spouses became a passive listener, whereas most of the spouses were able to provide positive reasoning and engage in reassuring actions when their wives had negative thoughts. They tried to help their BCD wives re-frame negativity circumstances in a positive light.

In addition, the spouses often played the role of a peacemaker when mother-child conflicts occurred. On one hand, they helped their wives to reappraise their children's responses in light of their developmental stage. On the other hand, they educated their children about their mothers' illnesses with compassionate reasoning. This go-between role was challenging because it required a good judgement of timing for reconciliation.

### Theme 3: Shepherd Children to Move on toward Normalcy

The father did not feel a need to disclose too much information about the illness, because elementary-school aged children were too young to grasp it. Providing young children with detailed information was deemed unnecessary in that it may cause fear and anxiety. It was presumed that older children would understand without parental explanation. We found that fathers may help their children buffer stress via family conversation in daily life.

### Theme 4: Emotion Control as a Sliding Door

The interviewed spouses expressed unanimously that confronting a problem was the best way to deal with a stressor. Despite this problem-focused mindset, they reported experiencing negative emotions and even expressed feeling anger toward his wife. Some husbands shared how they controlled their emotions and engaged in venting strategies. Two subthemes emerged from such conversations: (a) emotion control as a sliding door; and (b) finding leeway.

### Theme 5: Compromise in Sexual Relationship

Some couples tried to continue their sexual lives as before, but faced difficulties due to surgeries and medication side effects. These spouses were willing to prioritize their wives' conditions and needs.

## DISCUSSION

This study revealed that Taiwanese male spouses strived to persist in their duties as a supportive spousal caregiver and to set a positive tone for family life, while working privately to maintain their composure. In support of Fletcher et al.'s (2012) conceptual model, we found that the caregiving approaches of Taiwanese spouses of BCD women were anchored in cultural values of marriage, beliefs about the cognitive constraints of young children, and gender role constructs. The current study indicates that relational factors play a central role in determining the extent of caregivers' commitment. To our knowledge, this is one of few studies illustrating an impact of marriage-related constructs as an *a priori* factor on, rather than an outcome of, spousal caregiving.

Our data suggest that spouses served a stress-buffering function for their ill wives. Conversely, some husbands showed passivity and lacked confidence in responding to their wives' emotions. When guiding children, they used conversations to reframe the illness as a less pressing life event and to encourage a solution-oriented attitude in face of adversity. In addition, we found a slight transition from men's solely task- and problem-focused approach to a combination of a problem- and emotion-focused way of problem solving. This transition represents an increase in men's emotional awareness, which is a prerequisite for venting and the recognition of one's need for an emotional outlet.

## CONCLUSIONS

Caregiving of BCD women by their spouses is shaped by contextual factors, including cultural values and masculine ideology. Taiwanese spouses' levels of commitment to caregiving reflect different components of Confucian teachings on the hierarchy structure in a marriage. Our data support the notion of spill-over effects across spouses' efforts to cushion the emotional toll on BCD patients, buffer stress for children by maintaining normalcy, and manage their own negative emotions. The Taiwanese male spouses' views and behaviors documented in this study reflect a shift away from the traditional Confucian fatherly role as well as some differences to Western husbands in terms of what may constitute a masculine approach to emotional regulation in caregiving.

## REFERENCES

Fletcher, B. S., Miaskowski, C., Given, B., & Schumacher, K. (2012). The cancer family caregiving experience: An updated and expanded conceptual model. *European Journal of Oncology Nursing*, 16, 387-398. doi:10.1016/j.ejon.2011.09.001