

**Male Caregivers of Female breast cancer patients: Understanding the Psychosocial Impact of Informal Caregiving**

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**Abstract**

The prevalence of informal male caregivers of female breast cancer patients has been continuously increasing for the last two decades (Lewis, Fletcher, Cochrane, & Fann, 2008). While adjusting to the illness, men can experience depression, which can go undetected due to the method of expression. Men tend to demonstrate more masculine ways of distress manifestation than prototypical depression symptoms (Cochran & Rabinowitz, 2000; Hunt, Auriemma, & Cashaw, 2003). Men may cope poorly with this emotional challenge because of their tendency towards non-help-seeking behavior, and unrecognized depression can lead men to experience caregiver burden (Kim, Loscalzo, Wellisch, & Spillers, 2006; Mansfield, Addis, & Courtenay, 2005). Indeed, researchers have referred to breast cancer as “relational cancer”, stemming directly from its impact on psychosocial adjustment of couples and on their relationships (Baucom et al., 2009). The purpose of this study is to explore the ways in which breast cancer diagnosis and treatment affect the male caregivers’ level of masculine distress, prototypical depression symptoms, sexual role strain, and marital satisfaction. This poster session will include visual displays that present the research design, methods, implications for counselors, and the statistical results in order to increase trainees’ and counselors’ understanding of the challenges male partners of female breast cancer patients go through and of interventions for effective practices.

In the present study, 16% of participants disclosed mild to moderate level of prototypical depression and 5% scored moderate, and two thirds of the male caregivers who scored lower on the Beck Depression Inventory-2 (Beck et al., 1996) endorsed more masculine symptoms of distress on the Masculine Depression Scale (Magovcevic & Addis,

2008). Men who struggled more in their relationships reported more masculine distress, prototypical symptoms of depression and negative psychological adjustments to the illness.

Relationship satisfaction was found to play a role as a mediator in the strength of the association between role strain and the male caregivers' masculine and prototypical depression. The symptoms were reduced, but masculine depression symptoms still remained significant. In addition, male caregivers of breast cancer patients in Stage 4 were more satisfied in their relationships while those in Stage 1 reported the most relationship distress. Male caregivers reported less relationship satisfaction while in treatment compared to those whose partners were cancer free.

Male caregivers who reported less relationship satisfaction, more prototypical depression, and / or more masculine distress also admitted more sexual problems. In addition, the men whose wives were treated with mastectomy and chemotherapy reported greater sexual problems in their relationships.

While working with male caregivers, interventions need to be gender specific and culturally congruent (Campbell & Carroll, 2007; Ratts, Toporek, & Lewis, 2010). Psychoeducation about the cancer diagnosis and treatment process would guide and foster male caregivers in their adjustment to the illness and in developing constructive coping skills. Access to resources would empower men and support them in meeting their instrumental needs (Northouse, 1988). Further research is needed to identify and explain the ways in which the illness types and stages affect male caregivers' adjustment throughout the treatment and recovery of their loved ones with breast cancer.

## Session Outline

- **Introduction**
  - Why is it important to investigate the impacts of caregiving on male caregivers' psychology?
  - How many women is diagnosed with and died from breast cancer?
  - How many men provide informal care to a loved one with breast cancer?
  - What are some misconceptions about male caregivers?
  
- **Method**
  - Research Design
    - The research question
    - The purpose of this study
    - Pearlin's Stress Process Model
    - A mediational model with Sobel tests of validity
  - Participants
    - 60 male caregivers
    - Inclusion and exclusion criteria
    - Recruitment of participants are from:
      - Johns Hopkins Hospital
      - Johns Hopkins Bayview Medical Center
      - Greater Baltimore Medical Center
      - Doctors Community Hospital
      - Private practice of Dr. Gurdeep Chhabra in Maryland
      - E-mail list-serve of Men Against Breast Cancer and Tyanna Foundation
  - Measures
    - Revised Dyadic Adjustment Scale (RDAS)
    - Psychosocial Adjustment to Illness Scale-Self Report (PAIS-SR)
    - Beck Depression Inventory-II (BDI-II)
    - Masculine Depression Scale (MDS)
  
- **Results**
  - Causality cannot be determined
  - BDI-II:
    - 16% of participants scored mild to moderate
    - 5% scored moderate
    - 79% scored none to minimal
      - 2/3 of them endorsed more masculine symptoms of distress on the MDS with a mean of 54.1 ( $SD = 11.2$ ).
    - Significant correlation with role strain (BDI-II,  $r = .667, p < .01$ ).
  - MDS:
    - Significant correlation with role strain (MDS,  $r = .570, p < .01$ ).

- Treatment type:
  - Radiation:
    - Less masculine symptoms of depression ( $M = 57.06, SD = 13.42$ )
  - Mastectomy
    - More sexual problems ( $r = .26, p < .05; M = 5.97, SD = 3.98$ )
  - Chemotherapy
    - More sexual problems ( $r = .27, p < .05; M = 5.71, SD = 3.93$ )
- Relationship satisfaction:
  - Negative correlation:
    - Less relationship satisfaction:
      - More masculine symptoms of distress ( $r = -.480, p < .01$ ).
      - More prototypical symptoms of depression ( $r = -.443, p < .01$ )
      - More negative psychological adjustments to the illness ( $r = -.429, p < .01$ ).
      - More sexual problems ( $r = -.26, p < .05$ )
    - More relationship satisfaction
      - Cancer free ( $t = -2.9, df = 52, p = .006$ )
  - Positive correlation (More relationship satisfaction):
    - Stage of breast cancer ( $r = .23, p < .05$ ).
      - Stage 4
        - more satisfied in their relationships ( $M = 53.44, SD = 5.81$ )
      - Stage 1
        - less satisfied ( $M = 43.63, SD = 8.02$ )

Cancer Stage	(N)	Mean	SD
0	14	45.93	4.90
I	8	43.63	8.02
II	12	45.83	10.79
III	11	46.27	6.83
IV	9	53.44	5.81

- Length of the relationship between male caregivers and breast cancer patients ( $r = .03$ )
- Mediation:
  - Relationship satisfaction as a mediator:
    - Decrease in the strength of the association between role strain and the male caregivers' masculine and prototypical depression symptoms
      - Masculine depression symptoms still remained significant (MDS,  $r = .65$ )
      - Prototypical depression symptoms did not remain significant (BDI-II,  $r = .31$ ).
- Sexual problems:
  - Positive correlation (More sexual problems):

- Significant:
  - More prototypical depression ( $r = .57, p < .01$ )
  - More masculine depression ( $r = .34, p < .01$ )
  - Treatment type
    - Mastectomy ( $r = .26, p < .05; M = 5.97, SD = 3.98$ )
    - Chemotherapy ( $r = .27, p < .05; M = 5.71, SD = 3.93$ )
- Not significant but correlated:
  - Diagnosis
    - Invasive breast cancer reported more difficulties in their sexual adjustment ( $M = 5.6, SD = 3.7$ )
- Limitations
  - Generalizability
    - Representation of a portion of the target population:
    - Most participants were:
      - well-educated
      - white/Caucasian
      - Christian
    - Suggestion: Diverse participants from varying ages, ethnicities, levels of education, and relationships to patient (e.g., sons, brothers, husbands)
  - Response bias:
    - Self-report surveys were used
    - Suggestion: Supplementary types of assessment in future studies
  - Cross sectional design
    - Data gathered at only one time interval
    - Suggestion: Longitudinal studies
- Implications for Counselors
  - Education, support, and resources
    - address the psychosocial changes that occur in the woman before and during adjuvant treatments
  - Improve their coping skills
  - Empower to become self-advocates and seek cancer care that meets the standard for psychosocial care
  - Collaborate with Oncology team
    - Screen male caregivers for their psychosocial adaptation.
    - Assess, monitor, and treat distress in a timely manner
  - Conduct more research
    - to advance the development of performance measures for psychosocial cancer care
    - to identify and explain the ways in which the illness types and stages affect male caregivers' adjustment throughout treatment and recovery of their loved ones with breast cancer.
  - Be mindful about cultural competence
    - Acknowledge and respect patients' and their families' race, ethnicity, religion, sexual orientation, and age

- Provide clients with the care and resources that are congruent with their values and practices

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