

# African American Couples Merging Strengths to Successfully Cope With Breast Cancer

Phyllis D. Morgan, PhD, APRN, BC, Joshua Fogel, PhD, Linda Rose, PhD, RN, Kim Barnett, PhD, Victoria Mock, DNSc, RN, FAAN, Bertha Lane Davis, PhD, RN, FAAN, Melvin Gaskins, MD, and Carolyn Brown-Davis

**Purpose/Objectives:** To explore the process of coping with breast cancer among African American women and their spouses.

**Design:** Exploratory, qualitative study using grounded theory methods.

**Setting:** Large metropolitan area in the mid-Atlantic United States.

**Sample:** 12 African American couples (N = 24).

**Methods:** African American women and their spouses were asked to complete a background data sheet and participate in a face-to-face semistructured interview. Qualitative data were audiotaped and transcribed verbatim. Themes were identified using the constant comparative method. Quantitative data were analyzed with descriptive statistics.

**Main Research Variables:** The process of coping with breast cancer among African American couples.

**Findings:** The basic social concern was living through and beyond a breast cancer diagnosis. The core variable was merging strengths to cope with and survive a breast cancer diagnosis. Six main categories emerged to describe how African American couples actively worked together to cope with a breast cancer diagnosis: walking together, praying together, seeking together, trusting together, adjusting together, and being together.

**Conclusions:** African American couples described the importance of combining their strengths and working together as a couple to cope with a breast cancer diagnosis.

**Implications for Nursing:** Nurses must understand the importance of developing culturally sensitive and culturally relevant interventions to assist African American couples with effectively coping with a breast cancer diagnosis. When providing care to African American couples, nurses should incorporate the six categories of walking, praying, seeking, trusting, adjusting, and being together to help couples cope with the various phases of the breast cancer experience.

## Key Points . . .

- Nurses must recognize how African American women and their spouses merge their strengths to cope with and survive a breast cancer diagnosis.
- Many African American couples have a strong reliance on God, which is an integral component of coping during each phase of the breast cancer experience.
- African American couples' emotional responses to a breast cancer diagnosis are similar to those found in studies conducted primarily with Caucasian couples.
- Maintaining sexual intimacy, especially during the treatment phase, is challenging for African American couples.

1989; Northouse, Templin, Mood, & Oberst, 1998; Weihs, Enright, Howe, & Simmens, 1999). Some suggest that focusing on couples' rather than individuals' beliefs and attitudes may be more effective in reducing distress in women with breast cancer (Giese-Davis, Hermanson, Koopman, Weibel, & Spiegel, 2000; Walker, 1997). Indeed, coping strategies used by women and

**B**reast cancer is the most common cancer among African American women and one of the leading causes of cancer death in this population (American Cancer Society [ACS], 2005; Ghafoor et al., 2002). Although African American women have a slightly lower incidence of breast cancer than Caucasian women, they have a 32% higher mortality rate as a result of the disease (ACS). The higher mortality rate may be related to physiologic factors, such as variations in types of tumors and tumor progression (ACS); psychological factors, such as social support and coping strategies (ACS; Reynolds et al., 2000); and personal factors, such as lack of insurance coverage (ACS). African American women have a five-year survival rate of 75%, compared to 89% for Caucasian women (ACS; Ghafoor et al.).

Women and their partners experience adverse physical, psychological, and psychosocial consequences as a result of breast cancer (Baider, Koch, Esacson, & De-Nour, 1998; Northouse,

*Phyllis D. Morgan, PhD, APRN, BC, is an assistant professor in the Department of Nursing at Fayetteville State University in North Carolina; Joshua Fogel, PhD, is an assistant professor of business and behavioral sciences in the Department of Economics at Brooklyn College of the City University of New York; Linda Rose, PhD, RN, is an associate professor in the School of Nursing at Johns Hopkins University in Baltimore, MD; Kim Barnett, PhD, is a faculty associate and adviser in the Department of Counseling and Human Services at Johns Hopkins University in Rockville, MD, and a licensed professional counselor in Washington, DC; Victoria Mock, DNSc, RN, FAAN, is a professor in the School of Nursing and director of the Center for Nursing Research at Johns Hopkins University in Baltimore; Bertha Lane Davis, PhD, RN, FAAN, is a professor and assistant dean for research in the School of Nursing at Hampton University in Virginia; Melvin Gaskins, MD, is a medical oncologist in Greenbelt, MD, and a clinical research medical oncologist at Howard University Cancer Center in Washington, DC; and Carolyn Brown-Davis is a community consultant and community advocate for minority women's health issues in Washington, DC. This article was supported by research grants from the American Academy of Nurse Practitioners Foundation and ONS Foundation/Sigma Theta Tau International. (Submitted December 2004. Accepted for publication February 17, 2005.)*

Digital Object Identifier: 10.1188/05.ONF.979-987