# Relationships with Close **Others**

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# The Impact of Cancer on Your Relationships: An Overview

Living with a cancer may lead to changes in relationships. It can be difficult to know how to manage these changes for both the patient with cancer and their circle of friends and family. Reflecting on and talking about these changes may help people manage them better.

Here are some examples of how relationships may change in the context of advanced cancer. Each area includes an example from one of our patient partners.



# Family

Omar was always close to his parents. He helped care for his father when he was sick and used to help support his mother. Every Sunday, he took her to buy groceries, and he helped her around the house every few weeks. Now that he is sick himself, he can't

do this anymore. His sister has taken on a greater role caring for Omar's mother. He is grateful but also feels guilty because he knows how busy his sister is taking care for her children.

For Gregory, Omar's husband, Omar's cancer has caused significant changes in his life and in their relationship. Omar was always the organizer and planner, and Gregory was always the spontaneous one. However, since Omar has become sick, Gregory has had to make adjustments and become the organizer – for both Omar and their teenage son. Additionally, Gregory and Omar's mum have always had a good relationship; however, Omar's mum has become more involved in Omar's care over time. Although Gregory appreciates the help, it's been challenging to negotiate how they share the care. Gregory sometimes struggles to manage the feelings of different family members, fulfill his role as a caregiver, as well as cope with his own feelings of grief and sadness.



# Community Relationships

Josephine was an active member of the local gardening club. Being part of the club allowed her to pursue her hobby, and form friendships with her neighbours. However, after her cancer diagnosis she didn't have the energy to attend club meetings. This was

a real loss to Josephine, especially as these relationships had become very important to her after she lost two of her childhood friends to cancer five years ago.

Isabella, Josephine's daughter, has always been close with her mother, but for the first time in their lives, Isabella is taking care of Josephine. In some ways, Isabella feels grateful to be able to provide care to Josephine who was a dedicated mother to her growing up. However, as Josephine has started to pull away from her other supportive friends and gardening community, it's felt like she is dependent on Isabella for more and more. Although Isabella is happy to support her mum, it's also meant Isabella has had to re-prioritize some things in her life.





# Work Relationships

Akiko lives with her mother and son in a small town outside of the major city where she is being treated. Akiko worked as a human resources specialist for the federal government. Her coworkers felt like family and were a real source of support for her when she was going through her divorce. After she got sick, she had to stop working and

moved out of the city, back to the small town an hour away to live with her mom. Akiko still regularly sees Lydia, her closest friend, who she met at work, but it's harder to see her other "work family" on a regular basis because everyone lives in different places.

Lydia and Akiko worked together for four years. They used to eat lunch together almost every day and talk on the phone in the evening at least once a week. Since Akiko got sick, Lydia has been trying to support her in her transition away from work. Their relationship has changed from "work wife" to closer friendship.



# Friendships

Beth is single and was living with a roommate until she recently made the decision to move back in with her parents for more support. After Beth moved back home, she found it harder to meet up with friends. Most of her friends live downtown, but her parents live in the suburbs. What was even more difficult for her was how some

of her friends seemed to disappear. She realized that they were so uncomfortable with her illness that they were avoiding her. Beth did reconnect with an old friend, Rachel, who recently moved back home as well after a relationship ended. Beth and Rachel found that they could relate to each other with respect to having to be more reliant on their families.

# Reflection

# Cancer and Relationships

In the face of cancer, what aspects of your relationship with your family member have changed?

What other relationships in your life have changed because of this cancer?

# Understanding our Relationship Patterns

The relationships we had while growing up, and the experiences we have throughout our lives, influence how we now relate to other people in the here and now. We have found that many people benefit by becoming aware of their relationship patterns (sometimes called "attachment styles"). In times of crisis, if these patterns are inflexible, this may add to our distress. Often, small adjustments to our expectations, attitudes, and behaviours may help us to feel better supported.

# What are Attachment Styles?

Humans are complicated and there is no one theory that can explain all of human behaviour. However, one very popular and well-researched theory on relationship patterns is called attachment theory.

Attachment theory was originally proposed by John Bowlby and was used to understand relationships between young children and their mothers. Since then, it's been expanded and modified to help us understand adult romantic and non-romantic relationships. Attachment theory proposes that humans are hardwired to seek out caregivers and/or to provide care, particularly when under threat or during times of crisis. We see some general differences in the ways that individuals interact with caregivers and as caregivers during these times.

Read about some of these common "attachment styles" below and as you read, please keep in mind that these are simplified examples. In

reality, relationships are very complex, and you may have different relationship patterns with different people, and your patterns may change depending on the time and place. We can also see "anxious attachment" and "avoidant attachment" as on a continuum, rather than as discrete categories.

### Secure attachment

If we tend to see others as reliable, we may find it easier to ask for and receive help when needed.

### **Avoidant Attachment**

If we tend to see others as not reliable and believe we must deal with difficulties on our own, we may prefer more space and distance in our relationships.

### **Anxious Attachment**

If we feel like we need others to cope, but we also tend to believe others may walk away or abandon us in times of need, then we may seek reassurance in our relationships.

### Anxious-Avoidant Attachment

If we struggle with our own ability to manage distressing situations and are unable to rely on and trust others, then we may be both help-seeking and help-rejecting.

See the next page for a model of the four types of attachments styles<sup>3</sup> ▶

<sup>3.</sup> Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. Journal of Personality and Social Psychology, 61(2), 226-244. https://doi.org/10.1037/0022-3514.61.2.226



# Attachment Styles and Coping with Cancer

Our ways of relating are usually adaptive and work well. However, in stressful times such as dealing with cancer, these patterns may become more prominent and less flexible. Our patterns of relating to others may affect our ability to access support and cope in difficult times.

Some people have strong worries that their needs (practical and/or emotional) will not be met by their caregivers. This can include their healthcare team. They may doubt their own ability to cope with the challenges brought on by advanced cancer. They can become anxious that people will abandon them when they need them the most.

Some other people, who have always relied on themselves and prefer to solve their day-to-day problems on their own, may experience a lot of distress when they become more dependent on others in challenging times.

People who feel confident in their ability to reach out for and use support, who believe they can depend on others, that others are reliable and will be there for them when they need help, may cope better with crisis.

We have found that many people benefit by becoming aware of their relationship patterns, and this is particularly true when dealing with a major challenge like cancer.

# Attachment Theory

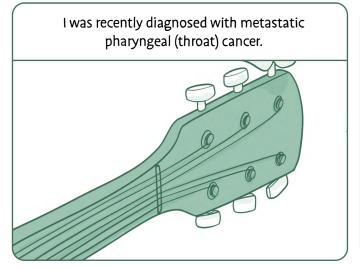
Positive Model of Others Low avoidance Secure **Anxious Attachment Attachment** Positive Model of Self Negative Model of Self Low anxiety High anxiety **Anxious-Avoidant Avoidant Attachment** High avoidance

**Negative Model of Others** 

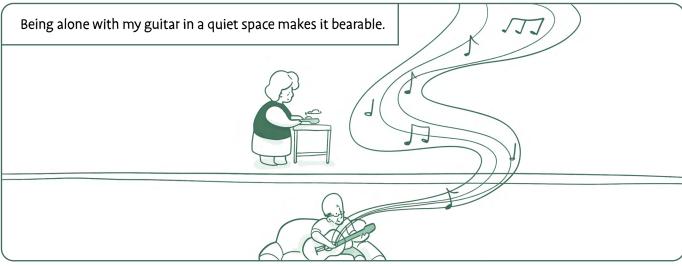




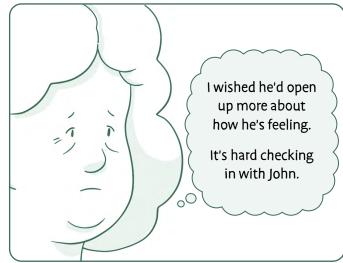
# John's Story











# What are Your Relationship Patterns?

The following questionnaire is called Experiences in Close Relationships (ECR-R)<sup>4,5</sup> and is an opportunity for you to reflect on your relationship patterns. We encourage you to choose the answer that is the best reflection of how things are for you right now. Our relationships are always changing so you may have felt differently at different times.

The following statements are about how you feel in close relationships with others. In the following statements, the term "other people" refers to people with whom you feel close.

Using a scale f	•	•	,	ly Agree), ind	licate how m	nuch you	
I get uncomfortable when other people want to be very close to me.							
] strongly disagree	2	3	<b>4</b> neutral	5	6	<b>7</b> strongly agree	
I worry about being abandoned.							
<b>1</b> strongly disagree	2	3	<b>4</b> neutral	5	6	<b>7</b> strongly agree	
I tell people with whom I feel close just about everything.							
] strongly disagree	2	3	<b>4</b> neutral	5	6	<b>7</b> strongly agree	
I need a lot of reassurance that I am loved by people with whom I feel close.							
<b>1</b> strongly disagree	2	3	<b>4</b> neutral	5	6	<b>7</b> strongly agree	
I don't feel co	mfortable	opening up	to other peop	ole.			
<b>1</b> strongly disagree	2	3	<b>4</b> neutral	5	6	<b>7</b> strongly agree	
I worry a lot a	bout my r	elationships					
] strongly disagree	2	3	<b>4</b> neutral	5	6	<b>7</b> strongly agree	
I usually discuss my problems and concerns with people with whom I feel close.							
T strongly disagree	2	3	<b>4</b> neutral	5	6	<b>7</b> strongly agree	

I find that other people don't want to get as close as I would like.								
1	2	3	4	5	6	7		
strongly disagree			neutral			strongly agree		
I try to avoid	I try to avoid getting too close to other people.							
1	2	3	4	5	6	7		
strongly disagree			neutral			strongly agree		
I worry that other people won't care about me as much as I care about them.								
1	2	3	4	5	6	7		
strongly disagree			neutral			strongly agree		
I don't mind	asking oth	ner people fo	r comfort, adv	vice, or help.				
1	2	3	4	5	6	7		
strongly disagree			neutral			strongly agree		
I get frustrate	d when o	ther people a	re not around	l as much as	s I would lik	e.		
1	2	3	4	5	6	7		
strongly disagree			neutral			strongly agree		
I prefer not to	be too cl	ose to other	people.					
1	2	3	4	5	6	7		
strongly disagree			neutral			strongly agree		
I worry a fair	amount a	bout losing p	eople with wh	nom I feel cl	ose.			
1	2	3	4	5	6	7		
strongly disagree			neutral			strongly agree		
It helps to turn to other people in times of need.								
1	2	3	4	5	6	7		
strongly disagree			neutral			strongly agree		
I resent it when people with whom I feel close spend time away from me.								
1	2	3	4	5	6	7		
strongly disagree			neutral			strongly agree		

<sup>4.</sup> Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult attachment: An integrative overview. In J. A. Simpson & W. S. Rholes (Eds.), Attachment theory and close relationships (pp. 46-76). Guilford Press.

<sup>5.</sup> Fraley, R. C., Waller, N. G., & Brennan, K. A. (2000). An item-response theory analysis of self-report measures of adult attachment. *Journal of Personality and Social Psychology*, 78, 350-365.

Has answering styles?	ıg these qı	uestions hel	ped you to see	any pattern	s in your rel	ationship
] strongly disagree	2	3	4 neutral	5	6	<b>7</b> strongly agree
Is there anything else you'd like to add or that you think is important in explaining how you tend to interact with others?						
1 strongly disagree	2	3	4 neutral	5	6	7 strongly agree

### **Understanding Your Results**

It is enough to simply reflect on how you answered this questionnaire. However, you can add up your answers from each question to calculate your total score. Total scores will range from 18 –126 (if you answered all the questions) and have general interpretations.

> 18-50 51-85 86-126

A score in this range suggests a secure attachment style

A score in this range suggest a mixed attachment style

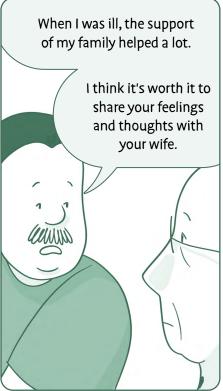
A score in this range suggest an anxious, avoidant or anxious/avoidant attachment style





## John's Story continued





Mark's encouragement helped John open up to Susanna allowing them to feel closer to each other.



When someone has advanced cancer, their needs (e.g., physical, practical, and emotional) may change and they may require more or different support than they did in the past. Additionally, this loss of independence can be uncomfortable and upsetting for some people.

Similarly, cancer is a challenge that affects caregivers. As a caregiver, you may need to support your loved one in different or more ways than before. At the same time, you may also have more responsibilities in other areas (e.g., childcare, housekeeping, financial), while also trying to manage your own feelings. It can be tremendously challenging to cope with your loved one's changing needs while also taking care of your own.

We have found that these shifts in relationships can be a source of difficulty for individuals with cancer and their caregivers. It may be helpful to reflect on whether our usual patterns and strategies are still working for us.

Attunement is the process of understanding another and being able to respond or react to their unique needs. Learning to attune to your loved one, being flexible, and make adjustments accordingly, can help support transitions in your relationship and help ease cancer-related challenges. We find that when two people can reflect on their patterns that are problematic, they can often make small adjustments that can make a positive difference. This process may help us develop more fulfilling relationships. There may be times of feeling abandoned, misunderstood, neglected, but there may also be the possibility of new closeness and positive growth in your relationships.

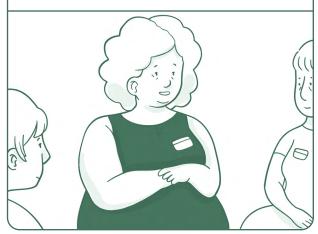
6. Levine, A. & Heller, R. (2018). Attached: the new science of adult attachment and how it can help you find-and keep-love. Penguin Publishing Group. 2012

# John's Story continued





Susanna joined a caregiver support group. This gave her an outlet to talk about her feelings with others who understand.



Since joining the group, Susanna has considered John's needs, and has been decreasing her check-ins.







## Akiko's Story continued

Akiko is a 49-year-old woman with acute myeloid leukemia. She is divorced and shares custody of her 12-year-old son with her ex-husband. Akiko lives with her mother in a small town outside of the major city where she is being treated. One of Akiko's biggest supports is her best friend, Lydia. Akiko tends to panic when she can't get in touch with Lydia. She calls and calls until she can reach her. Lydia loves Akiko like a sister and wants to support her, but at times she feels overwhelmed by this situation.







# Cancer, Communication, and Relationships

Living with advanced cancer may mean difficult conversations are necessary at some points. Some individuals feel more comfortable speaking openly about their hopes and fears than others. Akiko, John, and Omar are examples of individuals with different communication styles. Both Akiko and Omar prefer to have open and frequent communication. Akiko feels more comfortable when she has a lot of reassurance from her network. John, on the other hand, sometimes avoids speaking with the people closest to him because he feels that he can handle everything on his own.

You may also have noticed that some people in your life prefer to be more direct, and others are more indirect. There may be many factors that contribute to different communication styles, including personality, family norms, culture, and context.

Can you think of a crisis that you and your family member faced in the past and reflect on how you communicated about it?

Do you notice any of the above patterns in your communication with your family member?

What has your family member told others in their life about their cancer?

What would you like to tell close other(s) about the cancer?

Are there issues or problems that you think you and your family member should discuss but have not?

What do you imagine the person you are caring for is thinking or feeling about their illness?

What are your fears about discussing these issues, if any?

Are there any topics you are having particular trouble discussing and why (e.g., treatment decisions, discussion of death and dying, talking about intimacy and sexuality)?

### Common Fears

From our experience working with people living with cancer, one of the biggest barriers to open communication about the cancer experience is fear.

Some common fears may include:



Fear of being a burden on loved ones

> Fear of being overwhelmed by your own emotions when bringing up difficult topics

Fear of disconnection or being abandoned

> Fear of seeing others overwhelmed by emotion when talking about difficult topics

Caregivers additionally may feel that they cannot speak openly about:

Fears of their family member becoming more ill and dependent

Fears about how they will cope should their family member die

Fears of how they will manage increasing demands and responsibilities

Avoiding talking about our fears can lessen our distress in the short-term. However, we have found that having a safe place and support to explore these fears may help decrease some distress and assist with planning and preparation for the future.

If you find you are unable to speak with your family member about these issues, try talking to a friend or healthcare provider first.



# Suggested Openers for Difficult Conversations

Here are some suggestions for how you might start a conversation with the person you are caring for about the cancer experience:



# Potential Benefits of Caregiving

Being a caregiver for someone with cancer is an experience that can change us. Although some aspects of this experience can be difficult, many people find they have also learned new things about themselves or the person they are supporting in the process. Some caregivers say that cancer has brought them and their family member closer together and allowed them to work as more of a team. Some people may even feel a greater sense of intimacy.

Has the experience of caregiving shown you anything new about yourselves or your relationship?	
Do you find that there have been any benefits of the caregiving role to yourself or	
your relationships?	
A .	

# Changes to Your Relationship with Your Partner

If the person with cancer you are supporting is your partner, you probably play the most important role in their cancer journey. While you may have experienced hardships together in the past, many couples find this to be a uniquely challenging experience.

Before your partner became ill, your relationship may have worked well in a particular way. Many couples experience changes in their relationships after one partner is diagnosed. For example, it may have worked well in the past for you to be very independent from each other and now your partner may now need more support practically and/or emotionally. Or perhaps your partner had been used to taking on a caregiving role in the partnership or family and now they may no longer be able to do this in the same way and may find it difficult to ask for help and support.

This new experience may be challenging for both of you. While you take on a new role as a caregiver, you may also be managing other increased responsibilities and worrying about the future. In fact, research shows that partners experience levels of distress similar to that of patients.

# Sexuality and Intimacy

The following section aims to offer you a place to reflect on sexuality and intimacy in the context of cancer. As always, you can engage with the material if you feel it is relevant to you and this is the right time. If you do not feel comfortable completing the exercises that is ok. Many people feel uncomfortable speaking about sexuality and intimacy in a medical setting. While some people with advanced cancer wish they had a place to talk about it, others may feel it is not a priority.

One's sexuality includes sexual activity [on your own or with a partner(s)] but can also include experiences such as erotic feelings for other people. Intimacy can refer to sexual relationships but also can refer more generally to a sense of closeness. In the following reflection section, we focus on sexual intimacy, although intimacy may also refer to feelings between close friends.

What is your experience of sexuality and intimacy since your partner was diagnosed with cancer?

Has your desire to be intimate or sexual on your own or with your partner changed since your partner's diagnosis (e.g., sexual activity, cuddling, handholding, having intimate conversations)?

Has the frequency, quality or your ability to participate in these experiences changed?

How do you feel about these changes?

# Common Changes in Sexuality and Intimacy

The following are some common changes that individuals with cancer experience related to their sexuality. Some of these changes may be interrelated.

### **Body Image**

If you have completed *Domain 2 Changes in Self*, you will have read about cancer and body image. People with advanced cancer often experience physical changes that affect how they feel about their body. When people feel negatively or ashamed of their bodies, they may feel less comfortable being intimate with another person.

### Decreased Desire

People with advanced cancer may experience less desire to engage in certain sexual activities. This may have a physical component (e.g., may be related to symptoms like tiredness, nausea) as well as an emotional component (e.g., feeling down or anxious may affect libido).

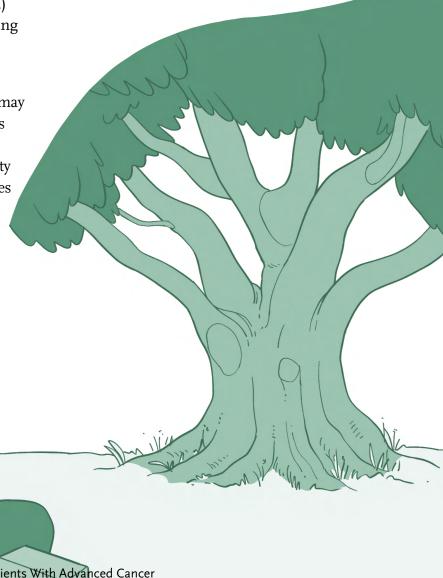
### **Physical Changes**

Physical changes are common. These changes may be related to the cancer itself or to its treatments (e.g., chemotherapy, radiation, medication, surgery). These changes may affect a person's ability to participate in the same kind of sexual activities as they did before they became ill.

### Physical changes can include:

- Changes to one's genitals (e.g., vaginal dryness)
- Sexual response (e.g., erectile dysfunction)
- Vasomotor symptoms (i.e., related to the part of the brain that controls blood pressure) including night sweats and hot flashes
- Loss of a body part especially a body part associated with sexuality (e.g., breasts)

Medical devices (e.g., an ostomy)



# Changes to Your Relationship

As described above, cancer may cause changes in relationships, sense of felt security, and intimacy.

What can be done to help manage these changes? There are ways to manage these changes if you are experiencing them and they bother you. Despite living with cancer, it is still possible to be sexual, having satisfying sexual experiences, and to experience intimacy.

Depending on what your concern is, options for help include:

- Counselling with or without a partner
- Reading psychoeducation material
- Other therapies, medications, or devices

Speaking to your healthcare provider about your concerns. Some people find it uncomfortable to speak to their doctor, nurse or other healthcare provider about their sex life. However, they can provide advice or refer you to other clinicians who have more expertise and knowledge in this area.

Some tips for speaking to your healthcare provider about sexual concerns:

- Write down your questions beforehand and take notes while they are speaking.
- If your partner is going with you to your appointment, it may help to talk about it together beforehand.
- Remind yourself that not every healthcare provider has expertise in this area, however, sexual health is an important component of wellbeing and a legitimate health concern and topic for clinic appointments.
- If your healthcare provider isn't able to help address your concerns, consider asking them if there is someone they can refer you to who can.

### Reflection

If you and your partner are experiencing a sexual difficulty, what are some questions you might like to ask your healthcare provider?

# Your Partner and Communication

It can be difficult for both you and your partner to cope with the changes to sexuality and intimacy because of cancer. Additionally, you may be coping with many other changing responsibilities as a caregiver, including perhaps more parenting duties, increased responsibilities at home or within your family. Research also shows that many caregivers neglect their own sexual needs.

Have you and your partner been able to speak about changes in your sex life or intimacy? If yes, how did these conversations go? If no, and you would like to, do you have any idea what's getting in the way?

Even though having these discussions can be challenging, not speaking about these topics can lead to other difficulties in the relationship.

These might include:

- Feeling down
- Resentment
- Guilt
- Shame
- Loss of emotional intimacy
- Decrease in confidence

Often, the most important thing is just checking in with your partner. Your partner may have different or similar feelings. Even if you may not be on exactly the same page, having the opportunity to acknowledge and talk about those feelings can go a long way.

# Tips for a successful conversation

Choose the right time and place

Put away any distractions

Really listen to what they are saying

Remember everything you like about your partner and all that you have shared

Remember everything you like about your partner and all that you have shared

Let your partner know what you like about them, and (if appropriate) what's still going well for you

If your partner is having a hard time speaking about this issue, start off by sharing your experiences first. They may feel more comfortable sharing if you set the tone.



### **Pause and Consider**

Pause for a moment. How are you feeling?

Consider what you need right now. What might help to support you in the next few minutes, hours, or the coming days?

# Summary of Domain 2: Relationships with Close Others

### **Changing Caregiver Roles &** Responsibilities

- You may be taking on new roles (organizer, caregiver etc.) which can be emotionally and physically demanding.
- Relationship dynamics may change, requiring adjustment and flexibility.
- Balancing caregiving with other responsibilities (children, work, finances) often increases stress.

### **Changing Relationship Dynamics**

- Family, Friends and Social Connection
  - People may want to help, but aren't sure how, or there can be tension over
  - o caregiving roles.
  - Caregiving can limit time and energy for friendships and hobbies.
  - You might feel disconnected (isolated) from work/friends/social circles etc.
- Intimate/Partner Connection
  - Changes in body image, emotional closeness and sexual intimacy may occur.
  - Open communication, even when difficult is important to maintaining connection.

### **Understanding Attachment & Relationship Patterns**

- Your personal relationship style (secure, avoidant, anxious, or mixed) affects how you give and receive support.
- Stress can magnify relationship patterns but being aware and compassionate with yourself can help you respond with flexibility.

• Reflecting together about relational needs may reduce misunderstandings and increase closeness with the people you care about.

### **Coping & Emotional Growth**

- Guilt, grief, fear, isolation and sadness are common for caregivers and often go unspoken – having open conversations can ease the emotional strain.
- Reflecting on your relationship patterns and needs can help build emotional growth and resilience.
- Managing the emotions of others (children, in-laws, other family/friends) while coping with your own emotions can be overwhelming.
- Many caregivers suppress their own needs to support the needs of others (children, in-laws, other family friends) - this can lead to overwhelm and burnout.
- Seeking counseling, support groups, or trusted healthcare professional may provide needed relief of the emotional burdens.

### **Supportive Communication Starters**

"I have some things on my mind about your cancer... Can we find a time to talk?"

"How has this experience been for you?"

"What support would be most helpful for you right now?"