

## Preface

Our work with cancer patients has been an interweaving of both our professional and personal lives. Each of us began our careers in this area around 20 years ago. In this preface, we individually describe the journeys that led us to our collaboration on this book, beginning with Professor Kayser.

I was working as a post-doctoral fellow on the Childhood Cancer Project at the University of Michigan. This was a clinical research program that offered home-based psychosocial services to families who had a child with cancer. Although I had worked as a couples and family therapist for years before the post-doc, this was my first experience with seeing how cancer diagnosis and treatment can affect an entire family system. Spending time with families in their own homes gave me a more in-depth look into not only the inner workings of the family but also the context of their coping. What intrigued me was how some families who lived in affluent suburban communities with seemingly endless resources were not adjusting to their child's illness as well as some of the families we visited in the poorest parts of the city of Detroit. Numerous questions about what constitutes good coping and what contributes to a good adjustment arose. In addition, I wondered what was the best way for a family, as a whole, to cope. Should family members take on designated roles around managing the demands of the illness? Or should everyone be using the same strategies to cope?

When I left Michigan for a university position in Boston, I continued my work on the psychosocial aspects of cancer. The directors of the social work departments at Brigham & Women's Hospital and Dana-Farber Cancer Institute encouraged my research interests. With practitioners at these institutions, I studied the experiences of mothers with cancer and how close relationships either helped or hindered their adjustment. What became clear from this research was the importance of a mutually supportive relationship for coping with the diagnosis and treatment of cancer. Mothers who had supportive relationships reported higher levels of well-being and lower levels of depression. They also engaged more frequently in positive health care behaviors. Based on these findings, I started to develop a psychosocial intervention that would enhance the coping of the cancer patient and her spouse or partner. Although there were numerous support groups available for patients with cancer, there seldom were any programs for partners of patients. More strikingly, there were no programs available for both patients and partners to work on facing the cancer

together, even though the findings were quite definitive that supportive partners are crucial to the well-being of cancer patients. Instead of attempting to create support among a group of strangers, it made sense to me to work with the patient's natural support system—the people with whom she lives.

Collaborating with Dana-Farber Cancer Institute, Brigham & Women's Hospital, and Massachusetts General Hospital, I developed the Partners in Coping Program. It was evaluated through a randomized control trial and, soon after, I began reporting my findings. I then decided to disseminate the Program to practitioners who worked with patients on a daily basis. Around the same time, I met Professor Scott and we began to learn about each other's work—the similarities in our perspectives, our interventions, and our research findings. Based on the similarities of studies conducted in different countries, we decided to collaborate and put our interventions together in a book.

Just as we started our work together, I myself was diagnosed with breast cancer. Fortunately, it was detected early and successfully treated with surgery and radiation treatments. However, it gave me a new lens through which I view the cancer experience. One quickly learns that there is no right or wrong way to cope. The "best" coping method depends on one's personality and life circumstances. Also, cancer is not a simple disease—it appears in various forms, intensities, and is treated by a range of modalities. Similarly, approaches to coping with it will vary from person to person and couple to couple. One of the goals of our book is to help practitioners learn to assist partners in accepting each other's individual way of handling the stress of an illness. It is evident to me that it is not the differences between the partners that create distress but rather the way they handle these differences.

Karen Kayser

After earning my Bachelors Degree some 22 years ago, I took my first job as a welfare officer at a cancer treatment center in the city of Brisbane, in the State of Queensland, Australia. The people diagnosed with cancer, their families, and closest support persons who came to the center often had traveled long distances, many arriving from rural and remote regions of Queensland. Part of my role was to help people complete the necessary paperwork to claim government reimbursement for travel, accommodation, and associated medical costs. As we filled in the paperwork together, I observed that the couple and families who seemed to be adjusting well were very in touch with each others' thoughts and feelings about their cancer experiences. They seemed to be coping as a team. Though their individual coping styles were often different, their ways of coping seemed complementary. This seemed to give family members greater strength than if they stood alone.

The things I learned from these families, and the wonderful medical and allied health colleagues I worked with, have stayed with me for life. These experiences also inspired me to go back to university and seek further training to gain the clinical skills I felt I needed to help families cope with cancer. I completed my Masters Degree in Clinical Psychology, and then pursued my doctoral research. I did not know it at the time, but on opposite sides and in different hemispheres of the world,

Karen and I were designing and testing similar programs to harness the power of couples' coping with cancer.

I developed CanCOPE, a couple-based, cognitive-behavioral coping training and support-enhancement intervention. CanCOPE was evaluated empirically through randomized control trials. It was found to be effective for improving adjustment for both the women and their partners, across a range of quality of life outcomes, including mood, coping behaviors, supportive communication, sexual intimacy, and female body image. I have since modified some components of CanCOPE to suit different types of close relationships, where the woman's nominated support person is another family member or close friend.

While I was writing up the results of my trial of CanCOPE for my doctoral dissertation, my dear mother was diagnosed with advanced stage cancer. I moved back to the family home to give support to my parents. I will be forever grateful for this time with them. With dignity, love, and a great sense of fun, they got on with living and getting the most out of each day. They showed me first hand how coping as a couple can sustain people in their darkest hours, even when this means the loss of an intimate bond that, in their case, lasted 50 years.

Jenn Scott



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An Evidence-Based Approach for Practitioners

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