Adaptation to Chemotherapy Treatments

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Introduction

Although lung cancer has now become the most deadly cancer among women (thus fulfilling one cigarette manufacturer’s professed concern with male-female equality), breast cancer remains an extremely potent killer of women, young and old. For many women, breast cancer represents a dreaded assault on the body, cutting short hopes for a fulfilling life as wife, mother, and grandmother. Unfortunately, biomedical science is still unable to provide curative treatment for over half of the women who fall victim to this disease. While a breast tumor identified early can often be removed surgically, the systemic treatment used either to destroy cells that have spread from an initial site or to correct the underlying mechanisms leading to tumorogenesis has not proven as certain.

Chemotherapy represents one of the most important tools for systemic treatment. Whether administered by injection or orally, cytotoxic drugs are designed to reach every part of the body in a quest to destroy existing cancer cells, whether detectable or undetectable. Hormonal drugs are administered in an attempt to suppress tumorogenesis in the same or new sites. As we shall see, these treatments are not benign; the woman considering the decision to undergo chemotherapy will be faced with an option that entails an unknown (but certainly nonnegligible) amount of treatment-induced distress, combined with some increase in the probability of survival, an increase that varies with the type of cancer and its stage of development. Accurate knowledge of chemotherapy, its impact on the disease, and its impact on the individual’s emotional, social, and...
economic life, is essential for making an informed choice. In addition, accurate knowledge of chemotherapy may allow us to develop interventions that are effective in reducing the noxious aspects of these treatments.

The present chapter reports some of our findings and observations on women's experiences with chemotherapy treatments for breast cancer. We begin with a brief description of the cancer and chemotherapy treatment as they are experienced by the patient. In the subsequent section we describe the conceptual model used to generate the interviews that provided our data. We then report selected findings from the seven studies we have conducted on chemotherapy; the study discussed is a longitudinal examination of patient experiences during the first 6 months of treatment. In the final section we explore the implications of these results, compare them to those of other investigations, including earlier ones of our own, and draw a few conclusions about the processes underlying adaptation to treatment.

The Patient's Environment

The Disease and Its Treatment

The experience of cancer is not only vastly different across patients, it is also likely to differ from the patient's previous disease episodes. The disease called breast cancer actually refers to a variety of carcinomas that differ considerably in virulence (see Chapter 1 for a complete discussion). This, combined with individual differences in patient characteristics, produces considerable variability in the natural history of the disease. It is also important to recognize that the chronic nature of cancer may not correspond with a patient's existing conceptualization of illness: Prior to her cancer, a patient's typical illness is likely to have been symptomatic, of relatively sudden onset, of brief duration, and completely curable. This acute schema of disease will conflict with the experience of cancer, which is often asymptomatic in its early phases, has an extensive treatment period, and is filled with doubt about the possibility of recovery.

Hormonal and cytotoxic chemotherapy is administered in cycles, where each cycle is typically 21 or 28 days long and consists of intravenous injections on days 1 and 8, concurrent with 2 weeks of oral medications. When given in the adjuvant situation, chemotherapy begins soon after successful surgery and continues for between 4 and 12 cycles. Chemotherapy is also used for metastatic disease—cases in which cancer has spread from the breast to some other distant site in the body. Metastatic cancer may be diagnosed either at the time of initial surgery, or after a disease-free interval (i.e., a recurrence after earlier successful surgery). In the metastatic situation, chemotherapy is palliative: Its intent is to