Case Report—Loyalty, Legacy, and Ledger: Contextual Therapy in a Patient with a Family History of Ovarian Cancer

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A client’s emotional experiences and reactions to those experiences are influenced by his/her family of origin and direct or indirect interactions with various family members. Contextual therapists propose that a client’s satisfaction with a relationship depends on the equity of his/her emotional interactions with family members. When relationships are inequitable, trust between individuals disintegrates. In order to reestablish trust in a relationship, a balance of interests must be restored. If not, imbalances may be passed down to future generations. A case of a woman with a family history of ovarian cancer is reviewed with the principles of contextual therapy in mind. In her family, several legacies have resulted in unbalanced relationships between family members that lead to difficulty in establishing trust within the genetic counseling session.

KEY WORDS: ovarian cancer; contextual therapy; loyalty; legacy; ledger.

BACKGROUND INFORMATION

Specific counseling considerations when ovarian cancer and genetic testing are involved include emotional repercussions, confidentiality (insurance protection), and implications for additional family members. A client’s desire to know her genetic status must be weighed against the potential change in anxiety level and subsequent decisions regarding prophylactic surgery. Moreover, information

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regarding the structure of family support must be elicited in order to assess a patient's particular emotional needs (Goelen et al., 1997).

The psychological context of cancer genetic counseling cases is important to recognize. Clients who are at an increased risk for developing cancer may experience feelings of anger, grief, guilt, loss of control, and/or sense of isolation. In order to conduct a cancer session most effectively, genetic counselors should remain aware of the types of emotions that their clients might be experiencing. Oftentimes, clients’ sentiments and reactions in a session are linked to the experiences of other family members who have had cancer, as well as the support networks within their family. Therefore, it seems appropriate to examine cancer genetic counseling cases in light of the Contextual Family Therapy model, which emphasizes the role that intergenerational relationships play in an individual’s or family’s psychological state (Schneider, 1995).

In this model of family therapy, the concepts of indebtedness and entitlement are central. Individuals theoretically keep “ledgers” that summarize the debts and entitlements in their relationships with other family members. In order for individuals to be satisfied with their relationships, a perceived balance must exist between the debts and entitlements of both parties. Imbalances in family members’ “ledgers” may be passed down to future generations and affect subsequent family interactions. In addition, the “legacy” of certain relationship dynamics may be inherited and repeated on a conscious or subconscious level by individuals in the next generation (Boszormenyi-Nagy and Spark, 1973).

Several of these contextual therapy concepts seem relevant to the patient presented in this case report. Throughout the session, the patient exhibited feelings of fear and lack of control, which were sometimes manifested as hostility toward the genetic counseling staff. This reaction highlights an example of working with a “difficult” client. It became evident to the genetic counseling staff that the patient’s emotions and reactions were in part related to the dynamics of her family, in which several women were reported to have had ovarian cancer and/or prophylactic oophorectomy.

Ovarian cancer is the fifth most common solid tumor and the most lethal gynecologic malignancy in the United States. The lifetime risk to develop ovarian cancer is approximately 1.4%. Early ovarian cancer is typically asymptomatic, and 75% of cases therefore present as advanced-stage disease. Levels of a surface glycoprotein, CA125, are elevated in 80% of patients with advanced epithelial ovarian cancer. Screening measures for ovarian cancer include pelvic exams, transvaginal ultrasounds, and CA-125 blood screening (not reliable for premenopausal women); however, none of these is considered an efficient means of detecting early stage ovarian cancer. Prophylactic oophorectomy reduces risks of ovarian cancer, but women still have a risk of peritoneal cancer. Removal of ovaries instigates menopause and women face complicated decisions about hormone replacement therapy (Penson et al., 1998; Robinson and Linden, 1993).