



## Impact of Complementary Healing Modalities on Quality of Life and Treatment Adherence for a Family with Breast Cancer: A Case Study Approach

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### ABSTRACT

The purpose of this case study was to explore the effectiveness of complementary healing modalities on enhancing the quality of life and adherence to the prescribed medical treatment regimen for a patient with breast cancer and her significant other. Complementary modalities utilized included: coaching, therapeutic touch, visualization, colors, prayer and chanting.

The Functional Living Index for cancer patients (FLI-C) was used as a pre- and post-test to measure changes in perceived quality of life for both the patient and the significant other. Individual participant journals were also completed. Findings supported the pivotal role of the significant other in enhancing the patient's ability to cope with cancer and underscored the significant other's need for support and encouragement. The results also indicated the potential efficacy of combining complementary therapies with traditional medicine in the treatment of families with breast cancer.

Breast cancer is a major healthcare, social, psychological, political, and economic issue facing American women. According to the American Cancer Society (1996), one in every eight women will develop breast cancer at some time point in their lives. The incidence of female breast cancer is increasing in the United States (Parker, Tong, Bolden, & Wingo, 1997). Yet today's five year survival rate for localized female breast cancer is 96 per cent, with 65 per cent of these women surviving 10 years or more (American Cancer Society, 1996).

Breast cancer remains one of the highest expenditure malignancies in terms of the costs of treatment and care provided, lost productivity, and long- and short-term disability. This leads to a variety of economic issues, and makes breast cancer a target for reimbursement limitations by managed care companies. Survivorship (Camp-Sorrell, Engelking, & Decker, 1997) mandates the ability to mainstream into a normal life, despite the challenges and adversity of disease and treatment.

Because of the value placed on the breast in terms of defining femininity in this culture, breast cancer affects not only physical but also psychological functioning. Psychosocial adjustment is an integral aspect of cancer survivorship. The diagnosis of breast cancer precipitates a crisis situation for the patient and her significant others. The patient turns to the significant others for support through this period of crisis. Although there has been increased emphasis on caring and connection (Baker & Diekelmann, 1994; Benner & Wrubel, 1989; Bevis & Watson, 1989; Diekelmann, 1990; Gilligan, 1982; Hegyvary, 1990; Leininger & Watson, 1990; Minick, 1995; Watson, 1988), little is known of the support needs of the patient or her significant others. Nor has research indicated the impact of complementary healing modalities provided by health care professionals and/or coaches on the quality of life and treatment adherence of women with breast cancer.

Studies have shown that the quality of life for cancer patients and their significant others can be enhanced by a variety of psychosocial interventions (Campbell, 1986; Carter, 1989, 1993; Woods & Earp, 1978; Grant & Padilla, 1983; Welch-McCaffrey, Hoffman, Leigh, Loescher, & Meyskens, 1989; Samarel &

Fawcett, 1992; Jassak, 1992; Wyatt, Kurtz, & Liken, 1993). Nursing interventions focusing on meeting both physiological and psychological needs using complementary healing modalities have not been extensively examined or reported in the literature. This case study explored the effect of complementary healing modalities, such as therapeutic touch, visualization, colors, prayer, and chanting to enhance perceived quality of life and adherence to the prescribed medical treatment regimen for the patient with breast cancer and her significant other.

Research data support the belief that survival and biomedical outcomes increase when the patient's perception of the impact of treatment on quality of life is taken into consideration (Rieker, Clark, & Fogelberg, 1992). Frank-Stromborg and Wright (1984) reported that their survey of physical and psychosocial changes in the lives of 323 cancer patients supported the dominant role of the family in the cancer patient's life. Campbell's (1986) research indicated that the psychosocial adjustment of the significant others was most predictive of the psychosocial adjustment of the patient.

Issues that influence the well-being of significant others of cancer patients include: emotional strain (anxiety, helplessness, loss); physical demands for care (dressings, hygiene, medications); uncertainty (prognosis, treatment outcomes, expected versus negative side effects of treatments); fear (death, loss, letting go); altered roles and life style (responsibilities, occupational changes); financial considerations (setting priorities, loss of income from occupational changes); comforting the patient (physical and emotional); inadequacy of services (support and resources); philosophic and spiritual concerns (life goals and priorities, death and dying, religious issues); sexuality (increased desire for closeness versus physical and emotional withdrawal, vulnerability); and incongruent needs and perceptions (differ among each family member) (Jassak, 1992; Campbell, 1986).

The philosophy and theory of human caring was utilized to guide the interpersonal and complementary modalities of healing employed in this case study. Through the interpersonal process of human caring, both the caregiver and the care receiver have the potential for self-healing, self-growth, and self-determination (Watson, 1979). Watson (1985) described the concept of care as it is and might be expressed in nursing practice. Caring was defined as the moral ideal of nursing, with the client finding meaning in his/her existence, disharmony, suffering and/or turmoil; and promoting self-control, choice, and self-determination with health-illness decisions. Care promotes or restores health; enhances quality of life; meets physical, psychosocial, and educational needs; and allows death with dignity (Tuck, Harris, Renfron & Lexvolds, 1998). Smerke (1988) discovered and created the meanings of human caring from an interdisciplinary perspective. Caring means respecting the essence of the person; engaging in authentic relationships; promoting decisions, choices and judgments by the patient; engaging in genuine dialogue; engaging in the experiential process of caring; providing healing modalities; and recognizing the human/economic resources of the patient and significant others.

## Definition of Terms

The term quality of life encompasses multiple dimensions, including physical well-being, psychological state, family situational interaction, social ability, and somatic sensation (Bland, 1997). The Functional Living Index for cancer

patients (FLI-C) was utilized to measure quality of life for study participants (Schipper, Clinch, McMurray, & Levitt, 1984). The term treatment compliance reflects the adherence of the patient and significant other to the prescribed medical treatment regimen as well as the complementary healing modalities. The specific complementary healing modalities are defined as follows.

Coaching. Coaching involves a caring partner to provide feedback, reassurance, praise, and reinforcement. The coach is identified by the patient as a significant other who is able to be physically and emotionally available, listen, assist with household tasks, and monitor return to daily living. Coaching behaviors are designed to facilitate the cognitive emotional processing of the cancer experience and to add to the patient and significant other's behavioral self-care and self-management skills (Lewis & Zahlis, 1997). The beneficial effects of a coach in diabetic and childbirth education classes have been repeatedly shown to increase compliance. Diabetic and pregnant families are similar to cancer families in that all family members

share symptoms and emotional distress as well as experience changing feelings about themselves and significant others (Samarel & Fawcett, 1992). Research findings have indicated that the support of the significant other is of critical importance to the patient's psychological adjustment to illness (Campbell, 1986; Gates, 1988).

**Therapeutic Touch (TT).** Therapeutic Touch is a healing modality that promotes an existential exchange of energy between the patient and the practitioner and/or significant other. Therapeutic Touch is a nursing strategy that is gaining support through research for its effectiveness in alleviating both physical and psychosocial distress (Krieger, 1979, 1993; Aamodt, 1995; Armitage, & Terra, 1993). In addition, teaching the significant other to do therapeutic touch may enhance the interpersonal dynamics between patient and significant other. Research has demonstrated that the following physical effects are associated with therapeutic touch: decreased blood pressure, decreased anxiety, increased feelings of relaxation, decreased nausea, decreased pain, and increased feeling of well-being (Heidt, 1981; Krieger, 1979, 1990, 1993; Quinn, 1984; Wilson, 1995). Following a therapeutic touch session, both the patient and the practitioner have reported increased energy (Krieger, 1976, 1990).

**Visualization.** Visualization is a form of guided imagery in which the subject mentally pictures an environment that brings pleasure. In cancer therapy, visualization is used to promote psychological awareness and self-care, allowing the patients an opportunity to actively participate in their health care (Krieger, 1981).

**Color and Light Therapy.** Color and light therapy uses the therapeutic effect of light and color frequencies for healing on the psychological and physical levels. It is based on the theory that different wavelengths in light and color affect the human energy system and the physiological processes of the body (Sommerville, 1997).

**Prayer and Chanting.** Prayer and chanting are used to bind together that which is fragmented (the self) with the totality (God, a transcendental unity,...). These modalities are used in mind-body medicine to bring the whole body together to prevent disease or help the healing process. Religion can be a very important part of the therapeutic process for patients with terminal illness when the quality of life is an issue or during the rehabilitation of patients with injuries or chronic disease (Moyers, 1993).

## Instrumentation

The Functional Living Index-Cancer (Schipper et al., 1984) is a standardized, subjective tool yielding quantitative data related to quality of life issues specifically for cancer patients. The FLI-C is a 22-item questionnaire that has

been validated on 837 patients and two Canadian cities over a three year period. Factor analysis was stable through separate clinical trials indicating strong construct validity. The FLI-C has five factors: physical well-being, psychological state, family situational interaction, social ability, and somatic sensation. Concurrent validity was tested against the Karnofsky Index, Beck Depression Scale, Spielberger State and Trait Anxiety Scale, Katz Activities of Daily Living Index, the McGill/Melzack Pain Index, and the General Health Questionnaire. These data provide clear evidence that the FLI-C measures a composite of distinct quality of life factors contributing to overall functional living (Schipper et al., 1984). Other instruments included a Demographic Data Questionnaire and an Adherence Measurement Tool developed by the investigators. During the course of the study, both the patient and the significant other kept individual journals, which were later analyzed for the effect of the complementary healing modalities on quality of life factors.

## Case Study Methodology

During the first session, the participant and significant other completed the demographic data questionnaire, the initial adherence measure tool, and the FLI-C. The patient and the significant other met regularly with a trained therapeutic touch practitioner. The first session focused on teaching therapeutic touch to the significant other, who then assumed responsibility for providing the therapeutic touch treatments to the patient as needed. Both the patient and the significant other kept a journal of treatment

times and their experiences before, during, and after the treatment. In addition, the patient and significant other practiced additional complementary modalities of healing. Visualization and colors enhanced the TT experience. Prayer and chanting were done in the room used by the patient and significant other as their temple (both the patient and significant other are Buddhist). The effects of these healing modalities were also recorded in their journals. During the last therapeutic touch session, both the patient and significant other repeated the adherence to treatment regimen tool and the Functional Living Index-Cancer (FLI-C).

The participant (Carol) is a 42-year-old Caucasian divorced woman with one child living independently. She was diagnosed two months before the initiation of this study with breast cancer. She stated that she had no known chronic conditions. Carol has a Master's degree and was employed as a psychotherapist. She had undergone surgery and radiation for her breast cancer and was currently receiving chemotherapy. Her perceived prognosis was for no recurrence or metastasis. Her coach (Gary) is a 43-year-old Caucasian divorced male with one adult child and no known chronic conditions. He earned a BSEE degree and was employed as an executive. He has lived with the participant for 1 1/2 years. His perceived prognosis for her disease was very good, with no evidence of existing cancer after surgery, radiation, and chemotherapy.

Carol and Gary were taught therapeutic touch by a therapeutic touch practitioner who served as a research assistant. Carol and Gary met regularly with the research assistant over a 13-week period. The therapeutic touch practitioner performed ten therapeutic touch sessions with Carol, during which Gary generally performed "double" touch with the practitioner. Gary also performed eight sessions alone with Carol. A friend of Carol's, who is a therapeutic touch practitioner, performed "double" touch on her once with Gary.

## Findings

The following were described at the first meeting of the participants. As noted on the initial Adherence Measure Tool, only Carol was currently under the

care of a physician, a medical oncologist. Both Carol and Gary anticipated that Carol would follow the prescribed treatment exactly as ordered by her physician. Carol believed that the following factors would influence her ability to follow the treatment ordered: ability to physically hold up during chemotherapy, emotional support, and a positive attitude. Gary believed that the major influence was her sickness due to the chemotherapy. Carol believed her strongest motivation to follow the prescribed treatment regimen was "primarily wanting to resume my lifestyle prior to diagnosis and to remain cancer-free". Gary, however, wrote under the question of Carol's primary motivating factor that he was "uncertain as to the real benefit of chemotherapy versus side effects". Carol listed the following anticipated benefits as a result of participating in this study: "Augment my sense of my own mind-body connection; my connection with my significant other and his support and caring. To assist monitoring when/where I need to apply special attention to my energies". Gary responded that the anticipated benefits would be "better realization of the patient's status, increased consciousness of her needs, and better ability to support her".

[Insert Table 1 here]

At the end of the study, Carol remained under the care of her medical oncologist, and had two more chemotherapy treatments to complete. Both Carol and Gary agreed that Carol had followed the prescribed treatment exactly as ordered by the physician. Carol stated that the following factors influenced her ability to follow the treatment ordered: "family support, educating myself re: treatment, options, etc.". Gary further expanded on these factors and stated, "encouragement from myself, family, and friends; a good home environment; and good doctor. Also the therapeutic touch technique helped [this study]". Carol identified the following factors, which influenced her motivation to follow the treatment ordered: "desire of favorable outcome and future prognosis". Gary identified that "the therapeutic touch technique helped us to stay close and helped us to feel less helpless. I believe this helped her motivation by avoiding discouragement". Both Carol and Gary discussed many benefits of their participation in this case study. Carol described the following: "Enhanced ability to relax and allow whatever physical process that was

occurring to happen without resistance. Enhanced bonding with partner". Gary stated: "I felt I was participating in her healing. I also felt the attention and interest of the person teaching the technique". Gary did participate very closely with Carol in her treatment regimen. For example, to decrease her anxiety while waiting for her chemotherapy treatment, he "did therapeutic touch on her using white light" in the waiting room. Carol stated she felt his "calming energy" through her nervousness and distraction. Neither Carol nor Gary had any suggestions for change. Carol did comment that she would encourage others to use therapeutic touch more frequently.

[Insert Table 2 here]

In analyzing the personal journals kept by Carol and Gary, several key themes emerged:

- augmenting mind-body connections,
- awakening of the inner person,
- disintegration of inner being, and
- revitalization of well-being.

Carol journaled on how the complementary healing modalities are augmenting her mind-body connections. For example, Carol wrote that "Gary did TT and this seemed to calm my stomach and general jittery feeling post-chemo". Furthermore,

"TT seems to help me focus in on my physical/psychological state and add a bit of management over what is occurring with my body". Colors were used to increase the effect of therapeutic touch. Gary wrote: "Carol's blood counts were low so I visualized white light while doing TT today - a 'boost' for her white blood cells". Gary often mentions visualizing a white light, however, Carol identified that "using white and blue colors during the therapeutic touch done to calm her stomach and relieve the jittery feelings post-chemo are much more powerful". On a later occasion, Gary used the color red with therapeutic touch to boost Carol's red blood cells. Gary also identified a more intense effect when Carol and a visiting friend used colors when doing therapeutic touch on him.

Through the transpersonal coaching process, Gary and Carol experienced an awakening of the inner person. As a coach, Gary exhibited a therapeutic caring relationship with Carol which had the potentiality of self-healing, self-growth, and self-determination (Watson, 1985). Gary stated:

Carol's hair is rapidly coming out. We both dreamed about it last night in dreams dealing with our ex-mates. Last week I realized how much Carol's situation has forced me to relive my mother's illness long ago. I want to care for Carol carefully like I couldn't (didn't) for my Mom. My dream last night juxtaposed the time twenty-two years ago with now, and characters from both periods of my life. The dream was a time warp.

Later he wrote: "I have been praying and chanting for Carol everyday".

Carol was in the process of receiving chemotherapy for her breast cancer. During this treatment process, she experienced a disintegration of her inner being. Carol writes: "Feeling sick - very nauseated. Plus, shaved my hair off so feeling generally down". Also, "Overall fatigue, nausea and slight depression - feeling disconnected and not as open to process as in past - generally grumpy". Gary wrote: "She is very concerned that she looks 'hideous' as she puts it, and feels that I am getting a'bad deal'".

Through the interaction with Gary as coach and TT partner, and with the TT research practitioner, Carol began to experience a revitalization of her well-being. Carol journaled: "I felt very good being active and back at work - TT seemed to further calm and smooth out stress". She also stated, "I felt getting warmer during process. Much more relaxed and energized after process". Finally, Carol wrote: "Mood good - feeling more sense of acceptance re: chemo".

When comparing the results of the FLI-C from the first to the last therapeutic touch session, many of their responses did not change. The individual responses from both client and significant other were inconsistent, although somewhat complementary to each other. Grieving over loss and change is not a linear process. Quality of life indicators are dynamic and reflect both the perceived and the actual quality of life that the subject experiences (Bland, 1997). Carol, for example, had disparate outcome results in her cancer

treatment at different intervals, and she and Gary felt the variations in their quality of life. A comparison of their post-test responses with their pre-test responses follows. In Table 3, a " " indicates that the subject had a decreased score in that area from pre-test to post-test; an " " indicates that the subject's score in that area was higher on the post-test than pre-test.

[Table 3 to be inserted here]

According to her journal, Carol was feeling very ill on the day the post-test was administered. A number of her responses (identified with an ( \* ) reflected her compromised state of health. Interestingly, Gary's journal entry indicated that he did not feel very well on the day of the post-test either, although the

majority of his responses were in line with the expected outcomes. Gary's responses are also marked with an ( \* ) when inconsistent with the expected direction. The journals show that Carol also believed that she looked absolutely "hideous" (bald and feeling bad) at this time, and felt "that Gary is getting a bad deal". This combination of physical and psychological stressors could serve to explain the increased feelings of discomfort and personal hardship, as well as her decreased confidence in the prescribed course of treatment. Since Gary identified that he had fewer feelings of discomfort or personal hardship, as well as increased confidence in the prescribed treatment, it is possible that she had not fully shared with him all of her feelings at this point. She had written in her journal that she noted heat and congestion through his shoulders and neck while doing therapeutic touch on him and "worried that he carries too much of this on himself". Gary, on the other hand, wrote that he thought her "down feeling is mostly emotional. Physically she seems OK except for her respiratory infection and burned veins from the Chemo".

The only other discrepancy was that, even though Carol identified that she was experiencing decreased effects of nausea on her daily functioning, Gary indicated that her nausea was having an increased effect on his daily functioning. He did not elaborate on this in his journal so one can only speculate that perhaps he was more aware of and anxious about foods/odors/medications/environmental factors that contribute to nausea now than he was at the beginning of the study. As he noted in his journal, "it will be nice not to measure everything against the chemo". Carol and Gary's responses in all other areas indicated positive correlation and movement toward more functional living as a cancer family.

Follow Up Post Study. The FLI-C was repeated one year after the initial contact. Carol and Gary's responses on the FLI-C were consistent with each other except in one area: "Degree to Which You are Frightened of the Future". Gary's response was "not at all"; Carol's response was midway between "not at all" and "constantly terrified", slightly more anxious than the prior year. All responses were in the expected direction of positive change and healing. Both felt very confident in their treatment and both are feeling well.

## Conclusion

This case study supported the pivotal role played by the significant other in enhancing the patient's ability to cope with cancer, and underscored the significant other's need for support and encouragement. This outcome indicates that professional care providers need to be more aware of family support needs and more open to including both patient and family in the treatment planning discussions. Both Carol and Gary indicated that they felt more involved and more in control of what was happening, which motivated them to continue the treatment regimen. These identified needs for family support and involvement, and patient involvement and control of care planning/treatment has implications for nursing education as well.

Nurses pride themselves on providing quality care based on technical competence; however, patients often disagree with our definition of quality. The issue of competency is seldom raised by patients or their significant others. Patients identify quality care with that which is sensitive to the needs of patient/family and which respects their viewpoints. These concepts of control, self-determination, and participation in the treatment process were expressed clearly by the participants in this case study. The perception of involvement and control contributed to their quality of life through enhancing the perceptions of being cared for, cared about, and their general well-being.

Both Carol and Gary noted positive benefits from participation in this study. Carol's interest continues at a high level. She refers her own clients in similar situations to the researcher and has discussed opening a clinic for alternative therapies.

The investigators realize that this is a very limited study and that results are not generalizable. Replication with larger samples is strongly encouraged. However, the results do indicate the potential efficacy of combining alternative therapies with traditional medicine in treatment regimens for families with breast cancer.

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Table 1: Responses to Adherence Measure Tool (Pre-Study)

Carol  
Gary  
Factors Influencing Ability to Follow Treatment  
--physical ability  
--emotional support  
--positive attitude  
--Carol's sickness due to chemotherapy  
Motivation to Follow Treatment Regimen  
--desire to resume previous life-style  
--desire to remain cancer-free  
--uncertain of risk v. benefits of chemotherapy  
Anticipated Benefits of Participation in Study  
--augment mind-body connection  
--increase connection with Gary  
--Gary's support through the experience  
--better understanding of Carol's status  
--increased awareness of Carol's needs  
--increased ability to support Carol

Table 2: Responses to Adherence Measure Tool (Post-Study)

Carol  
Gary  
Factors Influencing Ability to Follow Treatment  
--family support  
--educating self about treatment, options, etc.  
--encouragement from friends and family  
--good home environment  
--good doctor  
--being in this study  
Motivation to Follow Treatment Regimen  
--desire of favorable outcome and future prognosis  
--therapeutic touch technique  
Anticipated Benefits of Participation in Study  
--enhanced ability to relax and go with the flow  
--enhanced bonding with partner  
--I felt like a participant in her healing  
--the caring and support of the research assistant teaching therapeutic touch

Table 3: Comparison of Post-Test Responses to FLI-C to Pre-Test Responses

Carol	Gary
( feeling of wellness today*	
( feeling of wellness today*	
( appearance of wellness today*	
( feelings of discomfort today*	
( feelings of discomfort today	
( personal hardship in last two weeks due to cancer*	

( personal hardship in last two weeks due to her cancer  
 ( confidence in prescribed course of treatment\*

( confidence in prescribed course of treatment  
 ( effect of nausea on daily functioning  
 ( effect of her nausea on my daily functioning\*  
 ( amount of hardship caused to SOs in last two weeks due to cancer  
 ( disruption in lives of SOs in last two weeks due to her cancer  
 ( interference with daily activities due to pain or discomfort  
 ( interference with daily activities due to her pain or discomfort  
 ( pain or discomfort in last two weeks due to cancer

( satisfaction with work and household chores  
 ( satisfaction with work and household chores  
 ( fear of the future/discouragement about life  
 ( fear of the future/discouragement about life  
 ( ability to do minor household chores today

( number of household tasks able to complete

( willingness to see and spend time with SOs in past two weeks  
 ( willingness to see and spend time with SOs in past two weeks  
 ( willingness to see and spend time with friends in past two weeks  
 ( willingness to see and spend time with friends in past two weeks

**Table 1: Responses to Adherence Measure Tool (Pre-Study)**

	<b><u>Carol</u></b>	<b><u>Gary</u></b>
<i>Factors Influencing Ability to Follow Treatment</i>	<ul style="list-style-type: none"> <li>• physical ability</li> <li>• emotional support</li> <li>• positive attitude</li> </ul>	<ul style="list-style-type: none"> <li>• Carol's sickness due to chemotherapy</li> </ul>
<i>Motivation to Follow Treatment Regimen</i>	<ul style="list-style-type: none"> <li>• desire to resume previous lifestyle</li> <li>• desire to remain cancer-free</li> </ul>	<ul style="list-style-type: none"> <li>• uncertain of risks vs. benefits of chemotherapy</li> </ul>
<i>Anticipated Benefits of Participation in Study</i>	<ul style="list-style-type: none"> <li>• augment mind-body connection</li> <li>• increase connection with Gary</li> <li>• Gary's support through experience</li> </ul>	<ul style="list-style-type: none"> <li>• better understanding of Carol's status</li> <li>• increased awareness of Carol's needs</li> <li>• increased ability to support Carol</li> </ul>

**Table 2: Responses to Adherence Measure Tool (Post-Study)**

	<b><u>Carol</u></b>	<b><u>Gary</u></b>
<i>Factors Influencing Ability to Follow Treatment</i>	<ul style="list-style-type: none"> <li>• family support</li> <li>• educating self about treatment options, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• encouragement from friends and family</li> <li>• good home environment</li> <li>• good doctor</li> <li>• being in this study</li> </ul>
<i>Motivation to Follow Treatment Regimen</i>	<ul style="list-style-type: none"> <li>• desire of favorable outcome and future prognosis</li> </ul>	<ul style="list-style-type: none"> <li>• therapeutic touch technique</li> </ul>
<i>Anticipated Benefits of Participation in Study</i>	<ul style="list-style-type: none"> <li>• enhanced ability to relax and go with the flow</li> <li>• enhanced bonding with partner</li> </ul>	<ul style="list-style-type: none"> <li>• I felt like a participant in her healing</li> <li>• the caring and support of the reaserch assistant teaching therapeutic touch</li> </ul>

Table 3: Comparison of Post-Test Responses to FLI-C to Pre-Test Responses

Carol	Gary
↓ feeling of wellness today*	↓ feeling of wellness today*
↓ appearance of wellness today**	
↑ feelings of discomfort today	↓ feelings of discomfort today*
↑ personal hardship in last two weeks due to cancer*	↓ personal hardship in last two weeks due to her cancer
↓ confidence in prescribed course of treatment*	↑ confidence in prescribed course of treatment
↓ effect of nausea on daily functioning	↑ effect of her nausea on my daily functioning*
↓ amount of hardship caused to SOs in last two weeks due to cancer	↓ disruption in lives of SOs in last two weeks due to her cancer
↓ interference with daily activities due to pain or discomfort	↓ interference with daily activities due to her pain or discomfort
↓ pain or discomfort in last two weeks due to cancer	
↑ satisfaction with work and household chores	↑ satisfaction with work and household chores
↓ fear of the future/discouragement about life	↓ fear of the future/discouragement about life
↑ ability to do minor household chores today	
↑ number of household tasks able to complete	
↑ willingness to see and spend time with SOs in past two weeks	↑ willingness to see and spend time with SOs in past two weeks
↑ willingness to see and spend time with friends in past two weeks	↑ willingness to see and spend time with friends in past two weeks