BRIEF REPORT

Family as a Bridge to Improve Meaning in Latinx Individuals Coping with Cancer

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Abstract
Background: Family and meaning-making resources are culturally congruent and help support Latinx coping with cancer.

Objectives: To explore Latinx advanced cancer patients’ perspectives on the role of family and meaning/purpose in adjustment to advanced cancer.

Methods: A qualitative study was conducted. In-depth interviews were performed and transcripts were analyzed using the method from applied thematic analysis.

Setting/Subject: Participants were patients with any advanced cancer diagnosis, recruited from Memorial Sloan Kettering Cancer Center (MSKCC), New York; Lincoln Medical Center (LMC), New York; and Ponce Health Science University (PHSU), Puerto Rico.

Measurements: Sociodemographic and semistructured interview.

Results: N = 24 in-depth interviews were completed by Latinx advanced cancer patients (Stage III and IV). When evaluating patients’ perspectives on the role of family and meaning/purpose in adjustment to advanced cancer, the team generated three categories: (1) family support, (2) family communication, and (3) include support for the family. Many patients reported the importance of family as a source of meaning and social support in the process of cancer diagnosis and treatment. They also reported communication as central to process information and planning. Also, participants describe their desire to incorporate family members into therapy and for encouraging them to seek counseling.

Conclusions: Results highlight the need to include syntonistic cultural values such as family and meaning for Latinx individuals coping with advanced cancer in psychological interventions.

Keywords: cancer; family; Latinx

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**Introduction**

Approximately 38% of Latinx individuals will develop cancer in their lifetime,¹ and compared with non-Hispanic Whites, Latinx individuals are more likely to be diagnosed at an advanced stage.² Compounding this problem, Latinx individuals are less likely to have adequate access to culturally congruent psychosocial interventions.³–¹⁴ The lack of interventions designed to be culturally congruent and relevant for Latinx communities contributes to less access to care for under-represented or vulnerable populations in need of culturally appropriate interventions.

Some end-of-life studies conducted with advanced cancer Latinx patients have noted the importance of including caregivers in the patient’s treatment decision and the importance of including the caregivers in this process of care.¹⁵ Additional studies with Latinx cancer patients underscore how family support is essential while coping with cancer¹⁶ and the importance of family involvement in care.¹⁶–¹⁸ Family support helps meet patients’ practical, physical, and emotional needs,¹⁶ and assists in treatment decision making, advanced care planning, and end-of-life decisions.¹⁹–²¹

Moreover, family and meaning-making are resources that may help support Latinx individuals coping with cancer,¹⁶,²² especially when Latinx patients perceive meaning-making as a coping mechanism,¹⁶ even when they migrate to other countries.²³–²⁹ Many factors lead to cancer patients’ meaning making, yet the implication of Latinx family-related content is absent in the literature and is also a gap in the development of culturally appropriate interventions. Specifically, when family relationships are a cultural value that may influence the Latinx meaning-making process in advanced cancer and can aid in the development of future interventions. The aim of this study was to explore Latinx advanced cancer patients’ perspectives on the role of family and meaning/purpose in adjustment to advanced cancer.

**Materials and Methods**

**Participants and procedures**

Research staff identified and approached participants (n=127) between August 2015 and October 2018 to adapt a psychotherapy intervention with advanced cancer patients at two cancer clinics in New York and one in Ponce, Puerto Rico. Eligible participants were adult cancer patients (ages 18 years or older) diagnosed with stage III or IV solid tumor cancer, self-identified Latinx/Hispanic ethnicity, fluent in Spanish, and selected by convenience. Of the 127 patients approached, 49% refused to participate, and 9% became ineligible after providing consent (i.e., became too ill to participate), yielding a sample of 54 patients.

A nested sample of the first consecutive 24 patients was invited to complete in-depth and semistructured interviews until saturation was reached. This secondary data analysis aimed to explore Latinx advanced cancer patients’ perspectives on the role of family and meaning/purpose in adjustment to advanced cancer. This research was reviewed and approved by the three institutions’ review boards/privacy boards.

**Measures**

**Semistructured interviews.** Interviews ran ~90–120 minutes and were conducted in Spanish. The in-depth interview consisted of open-ended questions about the patients’ meaning-making processes and coping upon diagnosis, sources of meaning in their lives, spirituality, and meaning making after their cancer diagnosis.

**Analysis**

The analyses, integration, and interpretation of the semistructured interview were all completed in Spanish. Initially, 25% of the interviews were coded using an open coding approach; transcribed interviews were coded by marking passages of text with phrases indicating the content of the discussions.³⁰–³² Using ATLAS, its report and query functions, the qualitative analysts (N.T.-B., M.C., C.Z., and R.C.-M.) independently coded the transcripts and discussed divergence and convergence points.³⁰–³²

These discussions continued until the group reached a consensus on the code’s application.³⁰–³² A coding dictionary was developed based on the consensus meeting discussions.³⁰–³² The qualitative coders then coded the remaining transcriptions using the coding dictionary. Through consensus meetings, divergence and convergence points were discussed among the group until consensus was met. Intercoder reliability was conducted through team-based consensus.

**Results**

**Participants**

Table 1 summarizes the general characteristics of the patients in this study.
Table 1. Participant Demographic Information

| Characteristics                          | N (%) |
|-----------------------------------------|-------|
| Age, years, Mean (SD)                   | 54.17 (13.7) |
| Gender                                  |       |
| Male                                    | 16 (66.7) |
| Female                                  | 8 (33.3)  |
| Marital status                          |       |
| Married or partnered                    | 20 (83.3) |
| Single                                  | 3 (12.5)  |
| Divorced                                | 1 (4.2)   |
| Education                               |       |
| Less than high school                   | 6 (25.0)  |
| 12th grade/high school graduate         | 6 (25.0)  |
| Some college or associate degree        | 8 (33.3)  |
| College graduate                        | 2 (8.3)   |
| Post college/graduate school            | 2 (8.3)   |
| Employment status                       |       |
| Employed                                | 12 (50.0) |
| Retired                                 | 6 (25.0)  |
| Unemployed or disabled                  | 6 (25.0)  |
| Race                                    |       |
| White or Caucasian                      | 11 (45.8) |
| Black                                   | 1 (4.2)   |
| Other                                   | 12 (50.0) |
| Dominant language                       |       |
| English                                 | 21 (87.5) |
| Spanish                                 | 3 (12.5)  |
| Birthplace                              |       |
| United States                           | 2 (8.3)   |
| Puerto Rico                             | 10 (41.7) |
| Dominican Republic                      | 3 (12.5)  |
| Mexico                                  | 2 (8.3)   |
| Other countries in Latin America        | 7 (29.2)  |
| Diagnosis                               |       |
| Breast                                  | 6 (25.0)  |
| Prostate                                | 5 (20.8)  |
| Gastrointestinal                        | 3 (12.5)  |
| Other                                   | 10 (41.7) |
| Cancer stage                            |       |
| III                                     | 11 (45.8) |
| IV                                      | 13 (54.2) |

Values are no. (%), unless otherwise noted; Percentages may not equal 100%, due to rounding. SD, standard deviation.

Perspective of the family of the Latinx cancer patient

Participant narratives were grouped into three broad categories: family support, family communication, and inclusion of family into psychotherapy, see Table 2.

Theme 1: Family support. After their cancer diagnosis, participants commented about family as a source of meaning. Many participants discussed the importance of their family as a primary social network and instrumental in coping with a cancer diagnosis. The first and most frequent theme that emerged from the data was the support received by the family members and their importance in the cancer diagnosis process. Patients reported that family gives them meaning, which helps them “continue fighting.” They described how they perceived the support through gestures, conversations, letters, and kindness. The actions and attention of the family to the cancer diagnosis provided the participants meaning and support.

I believe that the only thing that has given my life meaning like this is God and my children, to continue fighting. P10

[after the diagnosis] The relatives who knew immediately looked for their closest people, and then I began to receive messages of love, letters, people who, yes… I felt pleased. And that I could talk in a certain way, without feeling… like questioned… I don’t know, like… like they could be supportive. P02

Theme 2: Family communication. Family communication is central to “processing” the information, planning, and decision making. However, some participants noted challenges in communicating with family members due to other family responsibilities, fear of making family members suffer, and lack understanding the diagnosis. For example, a female patient reported that sometimes her sisters’ and parents’ responsibilities did not allow her to communicate how she felt about cancer and that she would like to discuss it. Also, a male participant reported that he prefers to “not say anything anymore” and refers to it as a cultural norm that states that men “do not say anything.”

I am living with my parents and two sisters; one is studying and the other one is working, so there is not much communication. However, I feel like I need to communicate how I felt about my diagnosis and process thing with them. P15

Sometimes it is also a lack of communication. Yes, just yesterday I told my wife that I’m going to therapy, and she did not know. And that has also changed a lot, lack of communication. [after a cancer diagnosis] … We as men don’t say anything… Now in that sense, I have changed a lot, and I do not say anything anymore… Sometimes talking, sometimes we argue. P17

Theme 3: Include support for the family. Participants described their desire to help family members receive support and commented on their interest in encouraging family members to seek counseling. Specifically, participants would like for the family to receive services to cope with grief, find meaning, unfinished business, communicate about dying, and the emotional process.

The only thing that worries me is the girls… to make sure… that they don’t go through mourning. P02

Support for the family. More than anything… people who have cancer have fewer… have fewer mental problems than those next to them. P20

Support for family members after a cancer diagnosis may help patients cope with the advanced cancer...
| Category as a source of meaning | Source of meaning | Theme | Quotes |
|-------------------------------|-------------------|-------|--------|
| 1. Family as a source of meaning | Source of meaning making | [Referring to sources of meaning] | 1. “Sí, Mi esposo, mi familia, mis hermanas. Mis hijas obviamente son mi mayor fuente.” P02  
2. “Yes, My husband, my family, my sisters. My daughters are obviously my biggest source.” P02  
3. “Yeah, mi hija y mi esposo.” P06  
4. “Yo creo que lo único que me ha dado sentido a mi vida así es Dios y mis hijos, para seguir luchando.” P10  
5. “I believe that the only thing that has given my life meaning like this is God and my children, to continue fighting.” P10  
6. “La fuente de sentido es tratar de seguir adelante junto a mi familia, tratar de vivir mejor más de lo que vivo ahora y ayudar así a las personas.” P12  
7. “The source of meaning is trying to move forward with my family, trying to live better than I live now and thus help people.” P12  
8. “Mi familia. Mi familia, mi alrededor, lo que hago, eso todo es.” P14  
9. “My family. My family, my surroundings, what I do, that’s all.” P14  
10. “Mi hijo.” P17  
11. “My son.” P17 |
| Source of meaning: humor | [referring to humor] | 7. “Cuando yo los veo felices a ellos. Yo ver feliz a mis hijos para mi es todo. No hay cosa más grande que verlos… felices.” P01  
8. “Sí, cuando veo a mis hijos (Se ríe).” P10  
9. “Ahora veo a otros niños y lo primero que viene son mis niñas, que quiero que así sean de felices, que gocen y ya a uno como que todo le va dando algo más de sentido, de importancia.” P15  
10. “Now I see other children and the first thing that comes (to mind) are my girls, who I want them to be happy, to enjoy themselves and it’s as if everything is given some more sense of meaning, of importance.” P15  
11. “Me reúno con la familia, todo el mundo espera un chiste; siempre algo nuevo.” P20  
12. “I meet with the family; everyone expects a joke; always something new.” P20  
13. “Tengo, si a veces mi esposa dice ‘tú eres loco, si miras como estás y no dejas de decir bromas, dice, y digo pues ‘es que reír es bueno, déjame.’ Y además no me estoy muriendo, estoy de pie, caminando, y a ella le da risa.” P29  
14. “I have (referring to having humor in their life), sometimes my wife says ‘you’re crazy, look at how you are, and you don’t stop making jokes, and I say ‘because laughing is good, let me (keep joking). And besides, I’m not dying, I’m standing, walking, and she laughs.” P29  
15. “Creo que estoy atado a mi familia más que antes.” P14 |
| Source of meaning: love | [referring to love] | 13. “Lo más que tu quieres en la vida tus hijos, tu esposa, tu familia, tu pasión, cual tal sea.” P03  
14. “Yo lo dije…mi esposo, mis hijos, y Dios, primeramente, Dios.” P10  
15. “Amar la familia, mis hijos, mis nietos, mis hermanas, verdad.” P21  
16. “Mi propósito es (‘es’ mientras exhala) luchar por mi esposo. Ayudar a aquellas personas que me necesiten que estén enfermas brindarles…brindarles mis manos.” P06  
17. “My purpose is (‘is’ as they exhale) to fight for my husband. Helping those who need me who are sick to give. give them my hands.” P06  
18. “El propósito de mi vida es…yo no esté…tratar de seguir adelante. Este…junto a mi familia.” P12  
19. “First, I must be there for my girls, I want to see them grow, I want them to be someone in life and be on my wife’s side and on my side.” P25  
20. “Seguir siendo madre y seguir, tú sabes, siendo un buen ejemplo para otras mujeres que están en esta misma posición.” P24  
21. “My life’s purpose is…Not to be…trying to move on. This…with my family.” P12  
22. “I believe that the only thing that has given my life meaning like this is God and my children, to continue fighting.” P10  
23. “Esto nos dio la oportunidad… mis hijos están más al día con su salud y eso es meta cumplida.” P13  
24. “This gave us the opportunity, my children are more up to date with their health and that is a goal achieved.” P13  
25. “Seguir siendo madre y seguir, tú sabes, siendo un buen ejemplo para otras mujeres que están en esta misma posición.” P24  
26. “Continue being a mother and continue, you know, being a good example for other women who are in this same position.” P24 |

(continued)
### Table 2. (Continued)

| Category                                | Theme                                                                                                | Quotes                                                                                                                                 |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| 1. Social support                       | Family as primary social support network: after diagnosis                                            | 21. (después del diagnóstico) "Mi esposo en ese sentido es de verdad un tremendo soporte." P02  
21. (referring after the diagnosis) "In that sense, my husband truly is a tremendous support." P02  
22. (después del diagnóstico) "Y el sentido que la unión de mi familia hacia mí, todo es mucho mejor; este como que somos más unidos. Si eso lo he encontrado, eso es algo positivo para mí, eso sí." P12  
22. (referring after the diagnosis) "And the sense of union of my family towards me, everything is much better; It's like we're more united. Yes, I have found that, that is something positive for me, yes." P12  
23. (después del diagnóstico) "Los familiares que sabían, inmediatamente buscaron a su gente más cercana y pues comenzé a recibir mensajes de amor, cartas, personas que, que sí... yo sentía agradecido. Y que yo podía conversar de una manera, sin sentirme... como cuestionada... no se o sea como... como que podían ser apoyo." P02  
23. (after the diagnostic) "The relatives who knew, immediately looked for their closest people and then I began to receive messages of love, letters, people who, yes, I felt pleased. And that I could talk in a certain way, without feeling, like questioned. I don't know, like. like they could be supportive." P02  
24. (referring to diagnosis) "Estaba mi esposo, mi mamá, mis hermanos, todos me estaban apoyando." P10  
24. (referring to diagnosis) "My husband, my mom, my brothers were there. Everyone was supporting me." P10  
25. (durante el tratamiento) "Para mí, pues te digo tengo un hijo, la música, tengo muchas cosas para hacer al nivel musical, que es lo que hago, mi familia, tengo muy buenos amigos, amistades que también me han ayudado." P03  
25. (referring to treatment) "For me, well I tell you I have a son, music. I have many things to do musically, which is what I do. My family, I have very good friends, friends who have also helped me." P03  
26. (referring to family during the treatment) "Y en este caso él ha estado conmigo, así está presenté a lo que puede, me ayuda, me apoya..." P30  
27. (referring to treatment) "Yes, Thank God. One of my daughters always comes." P29  
28. (durante el tratamiento) "When you are on that line that life is so fragile, sometimes you realize the important es a veces un simple gracias, y ser agradecido, decirle al amigo, al esposo, a la familia, gracias por estar ahí." P30  
28. (referring to treatment) "When you are on that line that life is so fragile, sometimes you realize the importance of a simple thank you, and to be grateful. Tell your friend, husband, or family, thank you for being there." P30  
29. (referring themselves to themselves during the treatment) "Ahi ha estado conmigo, gracias a Dios, y como le digo en mi caso fue para bien en muchas cosas porque se demuestra en estas situaciones que tan fuerte es el amor en una pareja, el compromiso y la ayuda... Y en este caso él ha estado conmigo, así está presente a lo que puede, me ayuda, me apoya..." P30  
29. (referring to husband during treatment) "He has been there with me, thank God. And as I told you, in my case it was for the best in many things because in these situations it demonstrates how strong love is in a couple, the commitment and the help. And in this case, he has been with me, he is there when he can, he helps me, he supports me..." P30  
30. (antes de la mejor comunicación) "Hay que ir por la fuerza que me han dado es muy grande... amistad de verdad en la manera que te ayudan y te apoyan cuando sabes que estás enfermo." P14  
30. (before the best communication) "There was better communication before. now I don't say anything, I suffer alone." P17  
31. (antes del examen) "Estaba mi esposo, mi mamá, mis hermanos, todos me estaban apoyando." P10  
31. (before the exam) "My husband, my mom, my brothers were there. Everyone was supporting me." P10  
32. (during the treatment) "Por el hecho que la fuerza que me han dado es muy grande... amistad de verdad en la manera que te ayudan y te apoyan cuando sabes que estás enfermo." P14  
32. (after the treatment) "Y en este caso él ha estado conmigo, así está presente a lo que puede, me ayuda, me apoya..." P30  
33. (during the treatment) "Si, gracias a Dios. Una de mis hijas siempre viene..." P29  
33. (after treatment) "Yes, Thank God. One of my daughters always comes." P29  
34. (durante el tratamiento) "No creen que uno esté enfermo, no creen en la magnitud que uno esté enfermo, porque él me decía a mí "tú no tienes eso, que vas a tener eso, esa enfermedad no es para ti." P21  
34. (after treatment) "They don't believe that one is sick, they don't believe in the magnitude that one could be sick, because he told me "You do not have that, you are not going to have that, that disease is not for you." P21  

(continued)
diagnosis. The inclusion of family members into therapy in the end-of-life process may help patients and caregivers with fear and emotional needs.

Discussion and Conclusions
Emerging themes from the study include family support as a coping mechanism, family communication among Latinx individuals coping with advanced cancer, and inclusion of family support. Family as a source of meaning is a known coping skill among Latinx individuals coping with advanced cancer. Specifically, these studies stated that family members of cancer patients who experienced symptoms significantly influenced each other, and that family members of cancer patients who experienced symptoms of anxiety and depression reported worse quality of life than those who reported no such symptoms. Participants reported their likelihood of including support for family members. In addition, patients described the importance of counseling and included the need to incorporate family into therapy after an advanced cancer diagnosis. These findings are similar to those presented by Kershaw et al. and Fríðriksdóttir et al. suggesting the interdependence of symptoms and the importance of simultaneous care. Specifically, these studies stated that patients’ and caregivers’ mental and physical health significantly influenced each other, and that family members of cancer patients who experienced symptoms of anxiety and depression reported worse quality of life than those who reported no such symptoms.

In conclusion, these findings support the need to include family members and address family support when caring for Latinx patients coping with advanced cancer. Specifically, providers and interventions should include the cultural value of family relationships and family as a source of meaning in the provision of end-of-life services. Presenting Latinx cultural values in practice is essential to provide sensitive interventions among Latinx patients coping with cancer. Future research studies should address developing, adapting, and tailoring interventions for Latinx patients and families dealing with advanced cancer.

Table 2. (Continued)

| Category | Theme | Quotes |
|----------|-------|--------|
| 3. Include family into therapy | Emotional support to family members | 37. "Lo único que me preocupa, es las niñas… velar… que no pasen un duelo." P02 37. "The only thing that worries me is the girls. to make sure. that they don’t go through mourning." P02 38. "Alguien que te pueda (pausa) este, escuchar. Y nada, todas esas cuestiones existenciales nadie te puede dar una respuesta concreta, pero si te puedas, medio quitar el sentimiento de culpabilidad… al nivel familiar, mis errores me llevaron a tener problemas en mi matrimonio. Entonces al nivel familiar me pueden ayudar." P03 38. "Someone who can (pause) listen to you. All those existential questions, no one can give you a concrete answer, but if they can, they can partially remove the feeling of guilt. At the family level, my mistakes led me to have problems in my marriage, so at the family level they can help me." P03 39. "Mi hijo si estaba recibiendo terapia...pero sigue igual." P17 39. "My son was receiving therapy… but he is still the same." P17 40. "El apoyo para la familia. Más que todo… las personas que tienen cáncer tienen menos, tienen menos problemas mentales que los que están al lado." P20 40. "Support for the family. More than anything… people who have cancer have fewer, have fewer mental problems than those next to them." P20 41. "Explorar y dar espacio a la gente para que se exprese… como estás y cómo va el dolor, si hay algún problema, ha habido cambios en esta semana, y cosas así… y la parte de incluir a su familia." P25 41. "Explore and give people space to express themselves, how you are and how the pain is, if there are any problems, have there been changes this week, and things like that, and the part of including your family." P25 42. [referring to psychological support] "Algun momento, pues, la cuestión familiar, miedo a morirme, me da miedo y hablar de eso." P03 42. [referring to psychological support] "At some point, well, the family issue, fear of dying, it scares me." P03 43. "También, o sea, pensando más en ellos, en este, en ese sentido. Y, o sea, hablar de la muerte no tanto por el, el, el fin". P13 43. "Also, I mean, thinking more about them in that sense. And I mean, talking about death not so much as the end." P13

Communicate about dying

| Category | Theme | Quotes |
|----------|-------|--------|
| Emotion...
Limitations
This qualitative study was limited, as the data are not generalizable. Also, the larger study’s main goal was not the exploration of family in the context of cancer or the meaning process, and this response was derived and not further explored in the current research.

Authors’ Contributions
Study conception and design were carried out by N.T.-B., E.M.C.-F., R.C.-M., L.P., M.J.S., W.B., and G.B. Acquisition of data was done by N.T.-B., M.C., and R.C.-M. Analysis and interpretation of data were taken care by N.T.-B. and R.C.-M. Drafting of article was by N.T.-B., E.M.C.-F., C.Z., M.C., R.C.-M., L.P., M.J.S., W.B., and G.B. Critical revision of the article was done by N.T.-B., E.M.C.-F., C.Z., C.P.-V., and R.C.-M.

Data Statement
The datasets generated and/or analyzed during this study are not publicly available due to Ponce Health Science University and MSK’s Data Sharing Policy but are available from the corresponding author on reasonable request.

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Author Disclosure Statement
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Abbreviation Used
SD = standard deviation

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