

Review

Resilience and family resilience in breast cancer patients

Dimitrios Charos^{1,*}, Maria Andriopoulou², Victoria Vivilaki³

¹ General Anti-Cancer Oncology Hospital Agios Savvas, Athens, Greece

² “Konstantopouleio” General Hospital of Nea Ionia, Athens, Greece

³ Midwifery Department, University of West Attica, Athens, Greece

*Corresponding author: Dimitrios Charos, char_dim@yahoo.com

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Abstract: This narrative review synthesizes current empirical evidence regarding the pivotal role of family resilience in breast cancer patients. It examines how family dynamics and adaptive mechanisms contribute to psychological adjustment and mitigate the psychosocial impacts of the disease, both for patients and caregivers. A systematic search of the international literature (PubMed, Scopus, Google Scholar) was conducted covering the period 2012–2024. Based on the PRISMA guidelines for study selection, a total of 32 peer-reviewed studies (N = 32) were analyzed, including quantitative, qualitative and retrospective designs. The findings provide evidence that higher levels of family resilience among breast cancer patients are associated with reduced psychological distress, lower levels of depressive symptoms and improved quality of life. Family resilience has been associated with lower caregiver burden, while also being linked to post-traumatic growth. The data further suggest that family resilience interacts with individual resilience and social support, contributing to a reduction in the fear of cancer recurrence and improving psychosocial adjustment. Key protective factors identified include effective family communication, emotional cohesion, and collective meaning-making processes. Overall, family resilience is a critical determinant of psychosocial adjustment to breast cancer. The findings highlight the importance of incorporating family-centered and resilience-based interventions into psycho-oncology care and shifting from individual-centered to family-centered models of care. Systematic assessment of family functioning and the implementation of targeted multidisciplinary psycho-oncology interventions, such as family-centered psychoeducation and empowerment, can improve outcomes for both patients and caregivers.

Keywords: breast cancer; psychological resilience; family resilience; family support; family relationships; caregiver burden; psychosocial adjustment; quality of life

1. Introduction

The onset of a chronic disease, such as breast cancer, brings about significant changes in family cohesion [1]. Both the surgery and chemotherapy that follow the diagnosis of breast cancer are points that create an intense crisis in the family and its members who are called upon to manage it [2]. At the same time, family dynamics, roles, routines and balances are affected, and the emotions and functionality of family members change [3,4,5,6].

The family takes on a difficult role, the role of caring for and supporting the patient, which affects the emotional health of family members [7,8,9,10]. The family environment is what supports patients, providing security, encouragement, empathy, care and participation in making decisions related to both treatment and appropriate care [7,11,12,13,14].

In close family relationships where support, respect, understanding and communication prevail, they positively affect patients with breast cancer, while at the

same time their quality of life is significantly improved [14]. Effective, mutual and constructive communication in the family increases the quality of life of its members and contributes to its better management [15].

When family relationships are dysfunctional, family relationships usually deteriorate, increasing stress and at the same time reducing communication between them, well-being and quality of life of patients and their families [3]. Dysfunctional family relationships are associated with increased stress and depressive symptoms [16].

From the onset of the disease, patients interact with their family members to ensure a new balance and adaptation. Family members support patients, thereby increasing family resilience [12].

Family context, family dynamics, and resilience are important protective factors that contribute to maintaining the mental health of patients with breast cancer. However, the resilience of families where a member has been diagnosed with breast cancer is a concept that has not been sufficiently studied by the scientific community. The purpose of this review was to highlight the importance of family resilience in patients with breast cancer.

2. Materials and methods

This study is a narrative review of the literature aimed at investigating psychological and family resilience in patients with breast cancer.

2.1. Search strategy

The literature search was carried out in the electronic databases PubMed, Scopus and Google Scholar for the period 2012–2024. The search strategy was based on combinations of keywords using Boolean operators (AND, OR), such as: “breast cancer”, “resilience”, “family resilience”, “psychological resilience”, “family support”, “family relationships” and “family dynamics”.

2.2. Study selection process

Initially, the titles and abstracts of the studies were checked. Then, the full texts of the articles that were deemed relevant to the subject of the study were evaluated. The final selection included 32 studies that met the inclusion criteria.

The study selection process followed the basic steps of the PRISMA methodology (identification, screening, eligibility and inclusion), without however performing a complete systematic recording at all stages, due to the narrative nature of the review.

2.3. Inclusion and exclusion criteria

The inclusion criteria included: (a) studies related to family and psychological resilience in patients with breast cancer, (b) quantitative and qualitative studies, as well as reviews, (c) full-length articles published in English, and (d) publications within the specified time period.

Exclusion criteria were defined as: (a) studies before 2012, (b) articles in another language, (c) case studies, letters to the editor and editorial articles.

2.4. Study quality assessment

The quality of the studies was assessed by the authors based on predefined criteria, which included: clarity of methodology, description of the sample, validity and reliability of the results, and publication in peer-reviewed scientific journals.

Due to the narrative nature of the study, a standardized risk of bias assessment

tool was not used, which is a limitation of this review.

The study selection process is depicted in a flow chart according to the PRISMA guidelines (**Figure 1**).

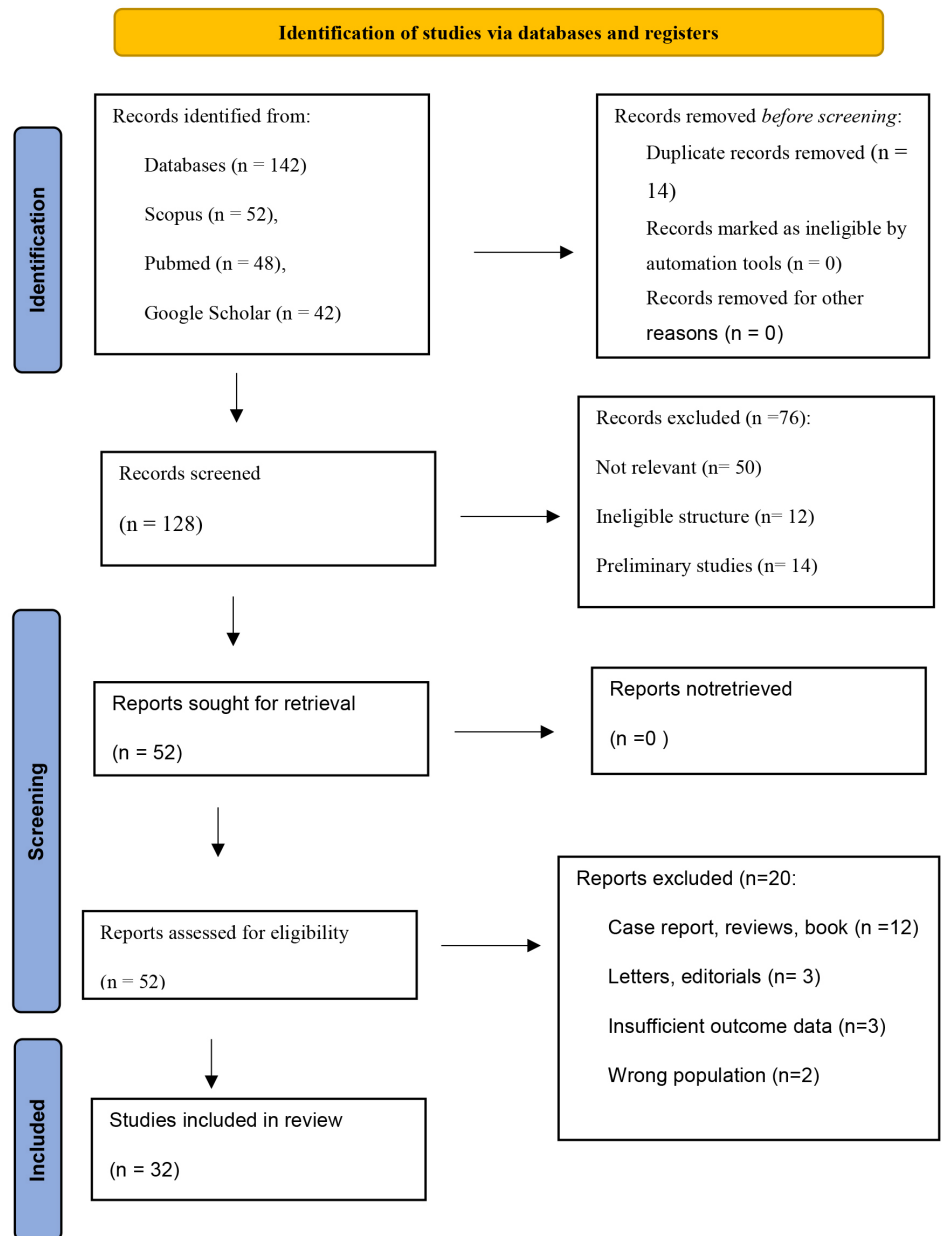


Figure 1. PRISMA 2020 flow diagram for the study selection process (adapted from PRISMA 2020 statement)

A total of 142 articles were identified through the databases, of which 128 remained after removing duplicates. After title and abstract screening, 76 articles were excluded, while 52 full texts were assessed for eligibility. Of these, 20 articles were excluded based on the exclusion criteria and ultimately 32 studies were included in the present review.

3. Results

3.1. Theoretical framework

According to the American Psychological Association (2020) [17], resilience is

defined as “the process of smoothly adapting to life’s adversities, traumas, threats, and intense stress from family problems and dysfunctional relationships, serious health problems, and other stressful events, such as work and financial issues.” Resilience represents a very important aspect of the self in order to protect the individual and their mental health from the adversities triggered by breast cancer [18,19].

Resilience is not a permanent characteristic of people. It is a dynamic that changes depending on the circumstances and situations, which stems from the interaction of the individual and the familiar environment [20,21]. Resilience is to endure and have the potential to recover from life's adversities [22]. The developmental course of the person in combination with the actual changing conditions of the environment significantly affects resilience [20]. Resilience includes behaviors and ways of reacting, which have the potential to be developed, acquired after training and evolved [17].

Increasing resilience can be achieved by focusing on the following areas [17]:

Relationships. Connecting with individuals and groups that are based on empathy, respect, understanding and mutual support are factors that enhance resilience

Increasing well-being through self-care, reducing anxiety and stress, and emotional empowerment

The acquisition of meaning, through mutual support, helping other people, increasing self-esteem and self-concept

Strengthening healthy and positive thoughts and behaviors, reducing catastrophizing and stress

Seeking psychological support

On the other hand, family resilience is defined as the ability of the family to manage a potential crisis resulting from an illness and to protect its members from the stress and emotional distress triggered by the crisis [1,23]. The perception of the family's role, the system of beliefs, values and behavior are very important in helping a family member overcome traumatic events [23].

One approach to family resilience is the one based on the family systems theory. According to this approach, a crisis in the family, such as the illness of a member, contributes to changing the boundaries, dynamics, communication, roles of the family and leads to dysfunction of family relationships, affecting all family members. The extent to which it will affect family functioning depends on many factors and mainly on the way the family will manage stress and threatening experiences, which will lead to adaptation and balance of family functioning [22].

Another model concerns the McCubbin (1981) model of family resilience and adaptation [24], based on Hill's family stress theory.

The Walsh and McCubbin models define two different approaches to family resilience.

Walsh’s (2002) [22] model, based on systemic family theory, focuses on the qualitative features of family resilience, emphasizing communication processes, belief systems, and organizational processes. Walsh’s (2002) model is a dynamic approach and emphasizes the relational approach to family functioning, the creation of positive meaning, and the maintenance of hope.

McCubbin’s (1981) [24] model focuses on the theory of family stress, focusing on family resources, the meaning it gives to and the appraisal of the stressful situation, and finally, coping strategies during the crisis period and the family’s adaptation after the stressful event. These factors act protectively towards the family

According to Walsh's model [22], family resilience is assessed as the ability of the family to cope with the difficult conditions created by a stressful situation in the future. Therefore, with regard to the disease and specifically to breast cancer, the long-term resilience of the family is assessed and its approach is dynamic and holistic.

Correspondingly, according to McCubbin [24], family resilience refers to the family's reserves that contribute to the crisis and the family's adaptation after a traumatic event. With regard to the disease of breast cancer, McCubbin's model is valuable for understanding the initial responses of the family crisis and structural adaptation after the disease.

The above models provide a comprehensive theoretical framework for understanding family adaptation to crisis situations, such as breast cancer, and can be utilized in the development of targeted psychosocial interventions.

Walsh and McCubbin's family resilience models offer a complementary framework for understanding family adaptation to crisis. Walsh's model focuses on communication processes, belief systems, and family organization, while McCubbin's model highlights the role of available resources and coping strategies.

The combined use of the two approaches allows for a holistic understanding of family functioning, taking into account both dynamic processes and structural factors.

At the level of clinical practice, the above theoretical models can form the basis for the development of targeted psychosocial interventions. Strengthening family communication, restructuring dysfunctional beliefs, and utilizing family resources can substantially contribute to improving adaptation to illness.

Interventions such as family therapy, psychoeducation, empowerment programs, and resilience-based interventions can be integrated into psycho-oncology care, enhancing both the mental health of patients and the well-being of caregivers.

In addition, systematic assessment of family functioning by multidisciplinary health teams is essential for the design of individualized interventions.

Table 1 below identifies the factors of family resilience.

Table 1. Factors of family resilience

Family resilience factor	Description
Family communication	Effective communication, i.e. clear, open, supportive communication that encourages emotional connection and is based on empathy and conflict resolution, strengthens resilience.
Social support	Support from extended family, friends, and community increases resilience
Adaptability - roles	The redistribution and flexibility of roles depending on the conditions and needs arising from the disease increase resilience.
Emotional response	The emotional connection between family members, cohesion, emotional support, trust and respect act as a protective factor against the disease.
Reframing and the management of the crisis	Stress reframing, stress management, and effective management of the family crisis caused by the disease increase resilience.
Spirituality	Cultivating faith and hope provides resilience to stress
Sense-making	Making sense of the illness helps the family build resilience

3.2. Psychological resilience-family resilience and breast cancer

In recent years, more and more studies have shown that family resilience plays

an important role in both the management of the disease and the burden of caregivers. A high level of family resilience is not only beneficial for the patient but also for family caregivers. Family resilience enhances individual resilience and at the same time reduces the burden of caregivers and increases the quality of life of both patients and caregivers [1,12,25,26,27].

Family resilience strengthens family structure such as family communication, leadership style, stability, roles, humor, flexibility in the face of adversity, etc. [28].

At the same time, a recent cross-sectional study shows that family resilience of caregivers is an important source of support and protection from post-traumatic stress for both caregivers and patients [29].

Also, a recent cross-sectional study in China reports that family resilience is positively associated with post-traumatic growth of women with breast cancer, the quality of life of both patients and caregivers, and the reduction of caregiver burden [27].

Similarly, a similar study positively associated family resilience with post-traumatic growth of breast cancer patients and with caregiver burden. Families with increased family resilience cope more effectively with the diagnosis of their disease and their treatment [26].

In addition, family resilience can have a positive effect on alleviating the physical and psychological symptoms caused by breast cancer in patients who have recently undergone surgery. In this way, patients adapt more easily to the disease and treatment [30].

According to Walsh (2002) [22], family resilience protects, supports and empowers family members, enhances safety, cohesion, respect, integrity, emotional expression and empathy. When a family member suffers from a chronic illness, family resilience promotes better management, understanding and adaptation to the illness [22].

The study of family resilience has particular value as the family ceases to be treated as dysfunctional or problematic and the adversities arising from everyday life are addressed. In this way, the reduction of family dysfunctional factors is achieved and the strengths of family relationships, respect for members, family functionality and its well-being are increased [1,22].

By implementing a specific and structured framework that promotes family resilience through appropriate interventions, the family has the opportunity to develop functionally, manage crises more effectively, and devise ways to find constructive solutions. It can also strengthen family cohesion and communication, forge relationships between its members, acquire meaning after diagnosis, better manage death anxiety and reconciliation/acceptance with death, and ultimately increase the quality of life of both the patients themselves and their caregivers [22].

The interventions have as their ultimate goal the reduction of family vulnerability by addressing the challenges and adversities that arise [22].

A recent study in Italy on breast cancer patients during the pandemic showed that family resilience combined with flexibility in dealing with the crisis and controlling emotional reactions play an important role in managing the impact of the pandemic (COVID-19) on breast cancer patients in Italy. Family organization and interaction promote positive emotions and reduce negative ones created by the effects of the pandemic. Researchers suggest that empowerment programs for oncology patients should be organized that aim to strengthen family resilience [23].

On the other hand, psychological resilience of patients acts protectively

towards depressive mood and emotional distress. Patients who have high rates of psychological resilience have low rates of depressive symptoms and increased quality of life [18,19].

A recent study reached very interesting conclusions. Psychological resilience has a beneficial effect on the mental health of patients with breast cancer. Spirituality enhances resilience. Both spirituality and psychological resilience are important factors that relieve the individual from the symptoms of breast cancer and improve their mental health [31]. Similarly, a similar study reached similar results. Spirituality improved psychological resilience [2].

A recent cross-sectional study argues that individual resilience has a mediating role between family resilience and fear of breast cancer recurrence. Improving both individual and family resilience and social support improves fear of breast cancer recurrence [32].

Similarly, the results of a similar study showed that improving family resilience can contribute to enhancing individual resilience and at the same time both individual and family resilience are beneficial for improving depressive symptoms in breast cancer patients [33].

A resilient family has a significant impact on both individual resilience and quality of life in young breast cancer patients, according to a cross-sectional study. According to the study, improving family beliefs and family resilience contributes to increasing individual resilience and ultimately improving quality of life [34].

In addition, financial toxicity was positively associated with family resilience and negative emotions. This suggests that the higher the family resilience, the less financial toxicity patients with breast cancer experienced. Family resilience contributes significantly to the psychological and physical well-being of patients, the management of stress and financial difficulties [35].

Finally, both psychosocial interventions and digital psychosocial interventions that began to be implemented mainly during the COVID-19 pandemic have emerged as particularly effective in alleviating the symptoms caused by the disease. These interventions improve emotional distress, empower and strengthen the resilience of patients and their families [36,37].

4. Discussion

4.1. Synthesis of findings

This review highlighted the importance of family resilience in patients with breast cancer. Family support plays an important role in increasing family resilience and in the patient's adaptation to the conditions of the disease.

The findings of the studies show a significant convergent trend regarding the protective role of family resilience. Specifically, high family resilience is associated with reduced levels of psychological distress, better quality of life and more effective adaptation of patients to the disease.

At the same time, differences in results are identified, especially regarding the impact on caregiver burden, which is probably related to socioeconomic and cultural factors.

Furthermore, the majority of studies are cross-sectional, which limits the understanding of the causal relationship between family resilience and psychological outcomes.

Recent literature concludes that family structures that have strong resilience mechanisms are more effective in managing the stress and emotional distress that

accompany the diagnosis of breast cancer [2,12,33]. However, the strengthening of resilience depends on many factors and variations are observed such as the quality of family relationships, social status, family structure. Family resilience does not depend exclusively on the family but also on other personal factors.

Family support has a positive effect on patients, however, cases of emotional burden and exhaustion of family members that affect its dynamics have been described [3].

Furthermore, significant variations are observed depending on the cultural context, family structure and socioeconomic level, indicating that family resilience is a multifactorial phenomenon.

Understanding resilience mechanisms can help improve interventions to support both patients and their families.

4.2. Cultural differences in family resilience

Family resilience is significantly influenced by the cultural context. In times of family crises, the family reacts differently depending on the socio-cultural context. For example, in individualistic societies such as Western societies, autonomy, personal empowerment and psychological management of situations are taken into account, in contrast to collective societies that emphasize community, spirituality and collective support [38].

It should be noted that family resilience is influenced in each society by the role of religion, the role of gender, immigration and other factors.

Regarding the cultural context and the family circumstances, various effective psychosocial interventions could be implemented to strengthen family resilience. Cognitive behavioral therapy, family therapy, psychodynamic therapy, group psychotherapy, and psychoeducation are all effective. Future studies could investigate which type of psychotherapeutic intervention is most effective depending on the cultural context in breast cancer patients.

4.3. Application of findings in psycho-oncology

Understanding the factors of family resilience and its importance in patients with breast cancer and cancer in general, can be an important tool for clinical assessment and intervention in the field of psycho-oncology. Clinical health professionals should be vigilant in assessing the impact of the disease on both patients and the family network. Also, breast cancer affects patients and their families long-term and ongoing support is necessary.

Therefore, systematic assessment of the family during the diagnosis and treatment course of patients is recommended as well as collaboration with multidisciplinary teams with the aim of supporting patients and their families and improving their quality of life.

Finally, culturally adapted family resilience programs and the integration of psychotherapeutic approaches are proposed depending on the cultural contexts.

Applying family resilience models in clinical practice can contribute to the design of interventions that enhance family cohesion, functional communication, and adaptability. Interventions such as family therapy, psychoeducation, and empowerment programs can be based on these principles, aiming to improve the psychosocial adjustment of patients and caregivers.

4.4. Limitations and suggestions for future research

Despite the strengths of this study, some limitations should be considered. First, many studies included in the review focused on Western societies, resulting in

insufficient information on how family resilience is affected by cultural differences.

Furthermore, the majority of studies are descriptive and do not examine causal relationships, which limits the generalizability of the results.

Finally, the failure to use standardized tools to assess the quality of studies may affect the objectivity of the synthesis of findings.

Future research could focus on longitudinal studies that examine how family resilience evolves both during and after treatment. While most existing literature is cross-sectional, emerging longitudinal findings suggest that family resilience factors, such as social support and functionality, are subject to fluctuations during critical treatment phases, such as surgery [39]. These changes may affect patients' ability to maintain social relationships and adapt effectively during the postoperative period [40]. This underscores the necessity for continuous clinical monitoring and staged psychosocial interventions.

Finally, future studies could focus on psychosocial interventions that increase family resilience.

5. Conclusion

In conclusion, a diagnosis of breast cancer affects family dynamics, and family support improves the patient's psychological resilience. Developing resilience strategies empowers both patients and their families to respond to the demanding conditions caused by the disease.

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