

An Examination of Familial Social Support Use by CHamoru Women on Guahan Diagnosed with Breast Cancer

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Abstract

This study explored familial social support use by CHamoru women on Guahan who had been diagnosed with breast cancer. It examined familial social support provided by the nuclear and extended family networks. The phenomenological method was used to gather data in 10 in-depth interviews with CHamoru women. Findings indicated the contributions of participants' family systems, with the role of siblings being especially crucial. Strong CHamoru familial ties appear to be maintained with the sibling set playing a key role in caregiving.

Key Words

Chamorros • CHamorus • social conditions • cancer • social aspects • Guam •
Guahan • care of the sick

BACKGROUND/SIGNIFICANCE OF THE STUDY

CHamorus¹ (Chamorros) are the native inhabitants of the Mariana Islands located in the Micronesian region of the Pacific Ocean. Guahan² (Guam), the largest of the Mariana Islands, is a territory of the United States. Guahan's first documented contact with the Western world was in 1521, when Ferdinand Magellan, a Portuguese explorer sailing for the Spanish crown, landed on the island en route to the Philippines. Subsequently, Guahan has been the subject of colonial rule by Spain from 1565 to 1898 and a territory of the United States from 1898 to present, with the exception of a three-year period from 1941 to 1944, when the island was occupied by the Japanese Imperial Army in World War II. CHamorus of Guahan have one of the longest colonization histories of all Pacific peoples. This extensive history has resulted in the island remaining on the United Nation's list of 16 Non Self-Governing Territories of the World (United Nations, Department of Public Information, 2001).

- 1 CHamoru is the phonetically correct, indigenous spelling of the word referring to the indigenous people of the Mariana Islands and their spoken language.
- 2 Guahan is the indigenous name for the island of Guam, meaning "we have" in the indigenous language.



Political self-determination and environmental care are factors that are often overlooked when examining the health status of indigenous peoples (Altman, 2004; Blackford, 2004). Although diet and lifestyle practices of CHamorus are major contributing factors to their health outcomes, the negative impact of the US's environmental colonization of the island, resulting in agent-orange use, radiation exposure, and the improper disposal of toxic chemicals such as dioxins, should also be considered when examining health disparities (Aguon, 2006).

The toxic footprint of military bases throughout the world is becoming a major concern for communities located in close proximity. A study conducted by Haddock and Naval (1997) revealed that Guahan's villages of Yigo and Santa Rita had the highest cancer incidence rates over a 25-year period. These two villages are home to the island's two largest U.S. military bases. Environmental toxins, such as dioxins, have been reported by the U.S. Environmental Protection Agency to be present in various locations connected to U.S. military operations on Guahan. Dioxins have been found to be carcinogenic in numerous scientific studies. Kogevinas (2001) reported that dioxins put people at excess risks for all cancers inclusive of reproductive cancers, such as cancer of the breast. The presence of dioxins in formerly used defense sites and on military bases in Guahan may contribute to the high incidence of breast cancer among CHamoru women.

This study explores breast cancer survivorship among the indigenous women of Guahan, focusing on the role of the family in the survivorship experience.

REVIEW OF THE LITERATURE

In specifically reviewing Guahan's cancer rates, CHamorus have been consistently overrepresented in mortality and incidence rates in comparison to other ethnic groups on the island. CHamorus manifested a higher mortality rate for all cancers between 1998 and 2002 with 247.2 deaths per 100,000 population, compared with the United States rate of 198.7 per 100,000 (Haddock, Talon, & Montano, 2008). In examining breast cancer rates, CHamorus' mortality rate was 34.4/100,000, compared with the U.S. rate of 26.2/100,000. These statistics demonstrate disparities in health affecting CHamoru women.

As members of the Oceanic family, CHamorus share the experience of Asian American and Pacific Islander (AAPI) women. Kagawa-Singer and Pourat (2000) reported that breast carcinoma is the number one cause of cancer-related deaths among AAPI women. Similar to the CHamoru experience, Braun, Mokuau, Hunt, Ka'ano'i, and Gotay (2002) reported the dismal reality that Hawai'i's indigenous population, the *Kanaka Maoli*, had the highest age-adjusted cancer death rates, the lowest life expectancy, and the worst health indicators of all ethnic groups

in the state. Ka'opua and Anngela (2005) reported that services for Hawaiian women with breast cancer should incorporate a community-based approach, spiritual and collectivist values, and linguistically appropriate terms.

Tanjasiri and Sablan-Santos (2001) conducted seminal research exploring the breast-cancer risk, knowledge, and screening behaviors of CHamoru women aged 40 years and older living in Los Angeles County and Orange County in California. The findings of the study revealed that CHamoru women had a lower risk for breast cancer compared to their White counterparts, which was attributed to their adherence to breast cancer screening practices. Unfortunately, this is not the case for CHamoru women living on Guahan as manifested in their higher rates of breast cancer when compared with U.S. national averages.

In the CHamoru culture, the family system plays a significant role in meeting the needs of its members. Underwood (1992) stated, "The family in its various manifestations throughout Micronesia is the unit that traditionally has kept the society intact, responsive, and responsible in the face of change" (p.169). Families are noted to be the bearers of CHamoru identity, social status, and responsibility for clan members (Untalan-Munoz, 1974). Marsh (2007) further described the role of the CHamoru family as prescribing one's support system, social status, responsibilities, and obligations. For CHamorus, family members include blood relations spanning through the extended family network, in-laws, those formally and informally adopted, God-parenting relations in the Catholic tradition, and close relationships (such as neighbors) (Natividad, 1996). Stemming from pre-contact times, CHamoru families are noted for their tight interconnectedness, strong commitment to assist each other in times of need, and high regard and respect for clan elders.

A primary function for family clans in traditional CHamoru culture included caring for its ill members. However, traditional CHamoru values have been challenged in the wake of rapid westernization processes following World War II (Untalan-Munoz, 1974). Iyechad (2001) stated, ". . . the previously predominant orientation towards family and nature is shifting to one that promotes individualism over the welfare of the family" (p.26). Hence, this study examined the role the nuclear and extended family networks played in providing social support for CHamoru women on Guahan who had been diagnosed with breast cancer.

METHODS

The purpose of the study was to develop an understanding of CHamoru women on Guahan's concepts of familial social support use after being diagnosed with breast cancer. There is an absence in the literature in capturing the breast cancer survivorship

experience of CHamoru women. Hence, this research aimed to assist those working in the fields of social work and human services in the development of culturally competent services to meet CHamoru women's respective needs.

This study used qualitative methods of data collection and analysis, as rooted in the post-modernistic foundational philosophy and the constructivist philosophical assumption. Constructivism seeks out understanding and acknowledges multiple meanings based on subjective experiences (Creswell, 2003). In addition, the phenomenological research method was used to answer the study's primary research question, "How do CHamoru women on Guahan diagnosed with breast cancer describe their experiences of familial social support?" Corollary research questions more specifically examined how CHamoru women described informal social support provided by the nuclear and extended family systems in coping with their illness. Data was collected over a one-month period in April 2007.

Ten in-depth interviews of CHamoru women diagnosed with breast cancer who were living on Guahan were conducted using a semi-standardized schedule of questions. Institutional Review Board (IRB) approval was obtained from the Capella University IRB to ensure the protection of study participants. Interviewers collected information on participant's demographics, asked overarching questions from an interview guide, and then debriefed the participant experience and provided a referral for follow-up counseling services when indicated. Overarching questions from the interview guide specifically inquired about the role, usefulness, and availability of familial social support provided since diagnosis with breast cancer. This included an examination of the contributions of the nuclear and extended family networks.

A non-probability, purposive sampling method was used to recruit participants for the study. Participants meeting the following characteristics were recruited: (1) at least 18 years of age, (b) CHamoru by ethnicity, (c) diagnosed with breast cancer by a medical doctor, (d) living on Guahan, and (e) willing to participate in the study. Ten women recruited for this study were determined to be sufficient because the data collected reached the point of theoretical saturation, wherein no new categories or concepts were reported. Hence, in-depth interviews with these 10 participants sufficiently captured CHamoru women's breast cancer survivorship experience.

The researcher established connections with organizations where enclaves of breast cancer survivors were found. In particular, participants were recruited by conducting presentations at meetings of local groups such as the Pacific Association of Radiation Survivors, the American Cancer Society, and the Cancer Support Group. Contact information was exchanged with women interested in participating in the study who met the eligibility requirements.

The researcher contacted participants by telephone to arrange interview dates and times. Interviews took place in participants' homes, at a centrally located counseling office, and at participants' places of employment. The number of participants was determined at the point of theoretical saturation, which was 10 participants.

A number of measures were taken in an effort to ensure the internal validity of the research. First, member checks were conducted. The researcher presented preliminary findings to study participants in an effort to ensure they were consistent with the lived experiences of participants. The researcher incorporated feedback and insight provided by participants as part of the data analysis process. This feedback determined the point of theoretical saturation.

In addition, the researcher maintained a reflection journal throughout the data gathering and analysis processes. The journal helped to sort through personal reactions, impressions, emerging unit meanings, and psychologically sensitive expressions and to debrief interview experiences. The journal was shared with a senior colleague in an effort to obtain objective consultation of the study's findings.

Participants represented diverse demographic characteristics. Women's ages ranged from 49 to 74 years old, with an average age of 59 years. The women lived in villages throughout Guahan, ranging from the northern village of Yigo through the southern village of Agat. Of the 10 participants, seven were married at the time of the interview, two were divorced, and one was widowed. Educational backgrounds ranged from an incomplete high school education to a graduate degree. Annual household incomes ranged from \$10,000 to \$195,000, with the smallest household having one person and the largest household being comprised of six members.

Participants' average number of living children was five, ranging in age from 16 to 53 years old. Eight of the women were grandmothers, with the number of grandchildren ranging from four to 39, and three of the women were great-grandmothers, with one woman having 10 great-grandchildren. In looking at sibling sets, all participants reported having siblings, with the average number of living siblings being 6.1. All 10 participants reported a family history of cancer, with the number of family members diagnosed with cancer ranging from one to 11.

In examining the clinical course of participants' cancer histories, dates of diagnoses ranged across a 10-year span from October 1995 through May 2005. The National Cancer Institute (2005) defines staging as "The extent of a cancer within the body. If the cancer has spread, the stage describes how far it has spread from the original site to other parts of the body" (p. 69). Stages of cancer range from one to four, with four being the most extensive spread throughout the body. Study participants reported all stages of cancer at the time of diagnosis, with the most participants (four) reporting a

diagnosis at stage one. Reported treatment regimens ranged from a mastectomy alone to a combination of a lumpectomy or mastectomy and chemotherapy, radiation, and medication management. Time in remission ranged from two to 12 years.

The data analysis process was guided by the empirical phenomenological method as described by Giorgi (1997) and Giorgi and Giorgi (2003). According to Moustakas (1994), the empirical phenomenological method is one in which “the human scientist describes the underlying structures of an experience by interpreting the originally given descriptions of the situation in which the experience occurs” (p. 13). The researcher’s senior colleague had expertise in conducting qualitative research and work with families, which was valuable to the researcher in analyzing the data collected in this study. Giorgi and Moustakas described three steps in the phenomenological method: (a) phenomenological reduction, (b) description, and (c) search for essences. In the phenomenological reduction, the research enters the state of *epoché*, in which bias and judgment are bracketed to ensure that the focus is on the reported experience of the participant (Sadala & Adorno, 2002). Next, the researcher focused on the description of the lived experiences of CHamoru women on Guahan diagnosed with breast cancer by conducting in-depth interviews with them. Last, the search for essences entailed the data analysis method as described in four steps by Giorgi and Giorgi (2003) and Giorgi (1985).

Giorgi and Giorgi (2003) and Giorgi (1985) described empirical phenomenological data analysis procedures in four steps: (a) get a general sense of the whole, (b) discriminate meaning units focusing on the phenomenon under study, (c) transform meaning units into psychologically sensitive expressions, and (d) determine the structure of the experience and synthesize all meaning units into a consistent statement regarding the subject’s experience. The researcher employed each of these four steps to arrive at a number of psychologically sensitive expressions that described the essence of the lived experience of CHamoru women on Guahan diagnosed with breast cancer. In addition, a final consistent statement was developed for understanding the phenomenon of the CHamoru women’s experience of informal social support after being diagnosed with breast cancer.

Each interview with the 10 participants was recorded on a micro-cassette recorder. The researcher transcribed the tapes verbatim, generating a total of 141 pages for data analysis. The researcher read through all pages of data to be able to get a sense of the whole. The chunking method of data management was employed, using a color-coding system to represent each participant. Pages were cut into slips and then collated according to identified meaning units. Then, all statements for each meaning unit were reflected upon until a psychologically sensitive expression emerged to capture the essence of the meaning unit. Finally, the researcher synthesized the psychologically sensitive expressions to give rise to a final, consistent statement regarding participants’ lived experience.

It is noteworthy to mention that the researcher is an indigenous CHamoru woman living on Guahan. There were a number of considerations that were carried out to ensure that the research was conducted in a culturally competent and respectful way. First, the operational definitions and interview guide questions were translated into the CHamoru language as a frame of reference for those with difficulty conceptualizing familial social support as described in the English language. Another practice that was conducted by the researcher upon meeting with the participants was to share the family clans to which she belonged. This was an essential protocol because CHamorus use an informal clan mapping system to contextualize their relationships with each other. In addition, the researcher offered CHamoru concepts in the CHamoru language as a means of conceptualizing ideas during the interviews when a participant had difficulty describing or explaining her thoughts. Lastly, the researcher was careful to follow cultural protocols of reciprocity, considering she was meeting with participants to gain knowledge from them. By way of reciprocating participants' assistance, all participants were given a gift bag that included breast cancer awareness items, such as key chains, bracelets, and charms. In addition, when the participant insisted on giving the researcher goods, the researcher received such items and then returned within a few days to reciprocate the gesture. In the case of an elder participant, papayas were given, and the researcher returned two days later offering local vegetables.

FINDINGS

The experience of familial social support among CHamoru women on Guahan who had been diagnosed with breast cancer was reportedly provided by multiple sources. In examining the contributions of support within the family system, siblings, children, husbands, parents, and the extended family system were all found to be contributors. However, the contributions of siblings were reported to be the most pivotal.

SIBLINGS

While CHamoru women on Guahan diagnosed with breast cancer relied on their children for social support, the women's siblings perhaps contributed the greatest support. This finding is an observation of the researcher, based on the analysis of the data collected in this study. Siblings included the following: brothers, sisters, stepbrothers, stepsisters, half brothers, half sisters, brothers-in-law, and sisters-in-law. The emerging psychologically sensitive expression describing the support provided by siblings was "They were checking on me by doing whatever needs to get done and making me feel good." Siblings were reported to provide the first line of support to the women in an effort to shelter the children from responsibilities. It is noteworthy to

reiterate that the average participant age was 59 years old and the youngest participant was 49 years old. Hence, the strong role played by siblings in providing social support was most evident when the woman had either high school-aged children or children who were young adults.

Participants shared various ways siblings provided social support. First, siblings with medical knowledge made themselves available to help with caring for survivors' wounds. In addition, siblings helped navigate participants by ensuring they had transportation to treatment and that someone was there to assist them with coping with the side effects of chemotherapy. Siblings were also noted to cook meals, do laundry, and go grocery shopping for a survivor and her family. One participant reported giving her sister power of attorney to manage her affairs while she was off-island receiving treatment.

Siblings also assisted by providing financial support. In the words of a participant, "She, even though I don't need it, she'll give me money to help out with whatever and I'll tell her, 'I don't need it' and she'll push it to me, 'Take this.'" Tangible ways in which siblings assisted financially were paying for airfare for children to be with their mothers while receiving medical treatment off-island, paying long-distance telephone bills, and *chenchule'* (cash contributions) to assist with expenses while the women were off-island. In the case of two participants who traveled off-island, siblings lived in close proximity to the medical facility where they were receiving treatment. Siblings assisted with providing housing, transportation, cellular phone use, internet access, and food. Other siblings also living abroad provided additional support to one woman by hosting her and her spouse for dinner and providing a social outlet.

Siblings were also important in providing confiding behavior and emotional support. Siblings were noted for being available to share feelings and give advice. One woman shared,

The only person I shared my initial diagnosis immediately with was my sister right below me. She was the only one I felt comfortable sharing with. And so we went to her house and I told her what was going on and so I told her, "We're not going to tell the family yet." I told her she was the only one I could trust to keep a secret and she said, "OK, just let me know what is your plan."

Participants repeatedly shared the depth of these types of conversations with their sibling sets.

CHILDREN

While siblings played a key role in providing familial support to CHamoru women following diagnosis with breast cancer, so, too, did their children. The psychologically sensitive expression that rose out of the support provided by one's children was

“They took care of me.” Participants revealed that children provided the following elements of social support: confiding behavior, active emotional support, and practical help. References to children included biological children, stepchildren, spouses of children, grandchildren, and great-grandchildren. One participant described her son as her “best informal support.”

Participants of the study reported a number of ways in which their children provided practical help. One study participant described the help provided by her children who cooked for her and took her to medical appointments. Another woman shared how her son helped her with draining the blood out of her wound, as well as giving her a shower when she needed assistance. A number of women described how their children and grandchildren would clean their house, do their laundry, and offer other assistance to make the requirements of daily living easier. Women also reported financial assistance provided by their children to help pay for the costs associated with treatment. This is especially significant in light of the reality that nearly half of the participants received cancer treatment off-island, due to the limited treatment options available on Guahan.

Children were also noted to provide active emotional support. One way most women experienced this was by numerous visits to the hospital (including overnight stays) by children. One participant shared of the nurses, “They said I look like a celebrity,” referring to her many visitors. The presence of children was noted to be especially helpful when the women received treatment off-island. In the words of one participant, her children’s presence “made me feel happy when they were around me.” Another woman described her son as her “walking stick,” who would call to check on her and to share laughs. The use of the Internet for e-mail correspondence was also reported to be a vehicle of support from children to their mothers. The importance of sharing time to talk was also stated. One participant mentioned heart-to-heart talks she would have with her children emphasizing the need for them to “take care of the [grand] children.” Two participants reported that because their mother and siblings were primarily meeting their needs, their children’s role was simply to care for them and “at least be there.” The significant support provided by children was captured best in the words of the eldest participant, who shared that her children would say, “Don’t worry mom, we’ll take care of you.’ It was nice to hear that, right? It makes you *homlo* [heal] and that helped.”

SPOUSES, PARENTS, AND THE EXTENDED FAMILY

Spouses were another major player in providing social support to CHamoru women diagnosed with breast cancer. The psychologically sensitive expression that emerged relative to their husbands was “He is right there beside me.” Participants described the support received by their spouses as a reflection of unconditional love. In the words of one woman:

But I'm very lucky. I don't know how many women, I can't count my blessings enough that maybe the Lord brought him into my life because He knew that I was going to get cancer and He knew I needed somebody like him.

Spouses were noted to provide the gamut of assistance such as transporting a survivor to her medical appointments, cooking her meals, shaving her head when her hair fell off from chemotherapy, buying her wigs to disguise treatment-related baldness, and being her ears and memory when doctors overwhelmed her with the realities of her medical condition. Participants constantly reiterated the constancy of spousal support.

Other members of the family system that participants found to provide valuable social support were their parents (mother and/or father). The psychologically sensitive expression that rose out of the parents meaning unit was "They brought me comfort." Parents were noted for the emotional and spiritual support they provided, resulting in feelings of safety. One woman shared, "Just to be close to your child, is- I think- that's it. Even if she cannot do anything. Just to see your mother next to you, you feel like, kind of safe." Mothers were noted to provide spiritual guidance in accepting their condition and praying together. The comfort mothers brought was typically coupled with cooking good food to nurse survivors back to health. One father, on the other hand, was reported to provide financial support by sending \$300 each month to the participant while she was undergoing treatment in California. While most participants reported the comfort of parents, two women shared sadness from the absence of support from their sickly mothers, one who had suffered a stroke and experienced memory lapses and the other who was advanced in age and diagnosed with Alzheimer's disease.

While the tremendous contributions of support provided by the nuclear family were primary, the contributions of the extended family system were also mentioned. The psychologically sensitive expression that emerged from the meaning unit of extended family was "They were with me." The role of the extended family system was reported to be secondary to the support provided by the nuclear family system. Members of the extended family mentioned by participants in the study were aunts, uncles, cousins, nieces, and nephews. Social support included assisting with housing needs when off-island for treatment, providing a social outlet, and providing prayers for spiritual support. Extended family members with a history of cancer were especially noted for their assistance in providing moral support and information about cancer survivorship. One woman shared the experience of cancer among her extended family system:

At that time five of us were diagnosed. And so one had a mastectomy in April. By October Jane died. Cathy and Melissa passed. So out of the five, I am the only one alive. That is a scary thing when I stop and think of it. I am so grateful that I am still alive.

These realities exist in light of the excessively high rates of cancer and other disease on Guahan.

The empirical phenomenological method of research ultimately gives rise to a final consistent statement that describes the lived experience of the phenomenon under study. Taking into account the meaning units and psychologically sensitive expressions that arose, the researcher offers the following statement in understanding the lived experience of CHamoru women on Guahan diagnosed with breast cancer and their use of familial social support: CHamoru women on Guahan diagnosed with breast cancer experience familial social support as the locus of attention, an intersecting point where she is supported and surrounded by members of her family to include her siblings, children, spouse, parents, aunts, uncles, cousins, nieces, and nephews. Her siblings are her first line of support, followed by her children and other members of her nuclear family system. Her extended family system also supports her in her breast cancer survivorship, picking up where her nuclear family system leaves off and performing more of a social and ancillary function.

DISCUSSION

This study has a number of methodological limitations. First, the use of a purposive sampling method limits its transferability to non-CHamoru, female populations. In qualitative studies, findings cannot be generalized; however, the findings have qualities of transferability wherein results of the research can be transferred to other contexts and settings. In an effort to increase the transferability of the study's findings, the researcher identified various assumptions central to the research and described the research context with as much detail as possible. Nonetheless, the purposive sampling method was necessary to be able to access the participant population defined by the study's research questions.

Other limitations of this research's methodology were selection and recall. Selection was a limitation because participants were approached to participate in the study as members of a larger group. Hence, this may have resulted in participants being more outgoing and possessing similar characteristics to each other. In this case, the experience of those who chose not to participate in the study may be very different from that of the participants. Recall was another limitation of this retrospective study because participants were asked to reflect on the past and respond based on the limitations of their memory.

Nonetheless, there are a number of strengths of this study. The use of a qualitative approach and in-depth interviews is congruent with Pacific Islanders' ways of sharing information by storytelling. This approach to data collection is often perceived as being less intimidating and intrusive when compared to more formal ways of

collecting information. In addition, the semi-standardized schedule of questions used in phenomenological studies allowed for the discussion to unfold in a natural, conversational manner, consistent with storytelling.

The central role of familial social support for CHamoru women on Guahan who were diagnosed with breast cancer was consistently underscored in the findings of this study. This is congruent with the value of the nuclear and extended family systems in the CHamoru culture (Iyechad, 2001; Underwood, 1992; Untalan-Munoz, 1974). More specifically, the contributions of children and spouses in caring for women diagnosed with breast cancer was reported by study participants and has also been reported in other population bases (Lindholm, Rehnsfeldt, Arman, & Hamrin, 2002).

Social support provided by the extended family system in breast cancer survivorship is also echoed in the literature by Northouse (1996) and King (1996). King specifically explored the role siblings played in caring for an African-American woman who was widowed and a former professor diagnosed with terminal breast cancer. In the case narrative, it was the woman's four sisters, and not her six sons, who were her primary source of support. Hence, King discussed the internalization of communal valuing among the women.

A similar phenomenon is witnessed among CHamoru women and the essential role played by their siblings in caregiving. While King (1996) presented the communal valuing among the women, participants of this study also reported the important contributions of their siblings as a generational effect. Participants categorized their siblings and parents as part of their nuclear family system even if they were not living in the household with them. Participants' concept of the nuclear family reframed Western paradigms to include siblings and parents, who are typically included as part of the extended family system in the Western context. Hence, the significant role played by these non-household family members is reflective of the perpetuation of the traditional CHamoru value of the family and its role in caregiving. This also suggests the possibility that CHamoru families are in a transitional state moving away from traditional concepts of family that included the extended family network towards a nuclear state.

IMPLICATIONS FOR SOCIAL WORK PRACTICE AND POLICY DEVELOPMENT

The findings of this study have advanced the knowledge base by identifying treatment and policy implications for social workers working with CHamoru survivors of breast cancer. First, the absolute inclusion of family members in the treatment process is essential. This is suggested in consideration of the fact that family members -- specifically siblings -- played a vital role in providing social support to the women interviewed in the study. It appears as though the family system serves as the

foundation of support for CHamoru women, allowing them to focus their energies on healing and coping with treatment. Hence, the role of the family system in the survivor's treatment should be assessed during the intake process. Consultation with family members is essential. Family members should be consulted in the development of the treatment plan, which should include ways they will provide social support to the survivor.

Another factor to consider in working with CHamoru women diagnosed with breast cancer is the tremendous stress women and their families experience with the need to travel off-island (usually to the Philippines, Hawai'i, or California) for treatment. Cancer treatment often occurs over several months and, consequently, places a major strain on families to fund the endeavor. Hence, for those involved with program planning, support for costs associated with room and board, air transportation, and medical supplies will need to be creatively addressed. This is imperative in consideration of the limited resources of most CHamoru families living on Guahan.

Lastly, a policy implication is the development of the full gamut of cancer treatment services on Guahan. The island has sporadic access to core cancer treatment modalities, such as chemotherapy and radiation therapy. At the time of this writing, the island does not offer radiation treatment. As a result, four of the ten participants in this study traveled off-island for treatment. For economically challenged families, off-island travel is not a viable option and, consequently, many choose not to partake in cancer treatment. Hence, such a policy development would ensure that CHamorus have access to competent and affordable health care services on Guahan.

RESEARCH IMPLICATIONS

This study represents an initial effort to describe the lived experience of breast cancer survivorship and familial social support among CHamoru women on Guahan. Future studies might build on this initial effort by examining the type and degree of social support provided by formal and informal support systems. The findings of such studies will help to delineate more specifically which sources of social support are most useful and can then be further cultivated and supported. A second study could examine the perceptions of family members, particularly siblings, and their role in providing social support for breast cancer survivors. The findings of this potential study would be useful for the development of services for survivors' family members. Lastly, a longitudinal study could examine social support using an inception cohort, wherein survivors are followed from the time of diagnosis through recovery.

In closing, this study examined the experience of familial social support by CHamoru women on Guahan diagnosed with breast cancer. The contributions of one's siblings, children, spouse, parents, and extended family system were identified

as essential in the breast cancer survivorship experience. The survivors' siblings, in particular, were noted for their pivotal contributions from the time of diagnosis. CHamoru families appear to be going through a transitional process of becoming nuclearized. Nonetheless, traditional familial roles seem to survive and continue to play a vital role in caring for the sick.

References

- Aguon, J. (2006). *The fire this time: Essays on life under U.S. occupation*. Tokyo, Japan: Blue Ocean Press.
- Altman, J. (2004). Indigenous affairs at the crossroads. *Australian Journal of Anthropology*, 15(3), 306-308.
- Blackford, M. G. (2004). Environmental justice, native rights, tourism, and opposition to military control: The case of Kaho'olawe. *Journal of American History*, 91(2), 544-571.
- Braun, K., Mokuau, N., Hunt, G. H., Ka'ano'i, M., & Gotay, C. C. (2002). Supports and obstacles to cancer survival for Hawaii's native people. *Cancer Practice*, 10(4), 192-200.
- Creswell, J. W. (2003). *Research design qualitative, quantitative, and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology*, 28(2), 235-261.
- Giorgi, T. (1985). Sketch of a psychological phenomenology. In A. Giorgi (Ed.), *Phenomenology and psychological research* (pp. 8-22). Pittsburg, PA: Duquesne University Press.
- Giorgi, A., & Giorgi, B. (2003). The descriptive phenomenological psychological method. In P. Camic, J. Rhodes, & L. Yeardley (Eds.), *Qualitative research in psychology expanding perspectives in methodology and design* (pp. 243-273). Washington, DC: American Psychological Association.
- Haddock, R. L., & Naval, C. L. (1997). Cancer in Guam: A review of death certificates from 1971-1995. *Pacific Health Dialogue*, 4(1), 66-75.
- Haddock, R., Talon, R., & Montano, M. (2008). *Cancer incidence and mortality on Guam, 1998-2002*. Powerpoint presentation slides from the Guam Cancer Registry, Mangilao, GU.
- Iyechad, L. (2001). *An historical perspective of helping practices associated with birth, marriage and death among Chamorros in Guam*. Lewiston, NY: Edwin Mellen Press.

- Kagawa-Singer, M., & Pourat, N. (2000). Asian American and Pacific Islander breast and cervical carcinoma screening rates and healthy people 2000 objectives. *Cancer, 89*(3), 696-705.
- Ka'opua, L., & Anngela, L. (2005). Developing a spiritually based breast cancer screening intervention for Native Hawaiian women. *Cancer Control, 12*(2), 97-99.
- King, T. (1996). 'I am because we are': Clinical interpretations of communal experience among African American women. *Women and Therapy, 18*(1), 33-45.
- Kogevinas, M. (2001). Human health effects of dioxins: Cancer, reproductive and endocrine system effects. *European Society of Human Reproduction and Embryology, 7*(3), 331-339.
- Lindholm, L., Rehnsfeldt, A., Arman, M., & Hamrin, E. (2002). Significant others' experience of suffering when living with women with breast cancer. *Scandinavian Journal of Caring Sciences, 16*, 248-255.
- Marsh, K. G. (2007). 'Familia'. Retrieved September 27, 2009, from <http://www.guampedia.com/category/112-b-roles-of-family-members/entry/131-familia>
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- National Cancer Institute. (2005). *What you need to know about breast cancer*. Rockville, MD: U.S. Department of Health and Human Services.
- Natividad, L. (1996). *An exploratory study of Chamorus living on Guahan*. Unpublished master's thesis, University of Hawai'i at Manoa, Honolulu, HI.
- Northouse, L. (1996). 'Social support and patterns of adjustment to breast cancer': Comment. *Scholarly Inquiry for Nursing Practice, 10*(2), 125-128.
- Sadala, M., & Adorno, R. (2002). Phenomenology as a method to investigate the experience lived: A perspective from Hesserl and Merleau Ponty's thought. *Journal of Advanced Nursing, 37*(3), 282-293.
- Tanjasiri, S., & Sablan-Santos, L. (2001). Breast cancer screening among Chamorro women in Southern California. *Journal of Women's Health & Gender-Based Medicine, 10*(5), 479-486.
- Underwood, R. (1992). Families, women and rapid change. *ISLA: A Journal of Micronesian Studies, 1*(2), 169-171.
- United Nations Department of Public Information. (2001). *United Nations and decolonization*. New York: Author.
- Untalan-Munoz, F. (1974). Family life patterns of Pacific islanders. In C. Bamba, L. Souder, & J. Tompkins (Eds.), *Women of Guam* (pp. 27-31). Agana, GU: The Guam Women's Conference.