*Original Article*

# Typology of Perceived Family Functioning in an American Sample of Patients With Advanced Cancer

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## Abstract

**Context.** Poor family functioning affects psychosocial adjustment and the occurrence of morbidity following bereavement in the context of a family's coping with advanced cancer. Family functioning typologies assist with targeted family-centered assessment and intervention to offset these complications in the palliative care setting.

**Objectives.** Our objective was to identify the number and nature of potential types in an American palliative care patient sample.

**Methods.** Data from patients with advanced cancer ($N = 1809$) screened for eligibility for a larger randomized clinical trial were used. Cluster analyses determined whether patients could be classified into clinically meaningful and coherent groups, based on similarities in their perceptions of family functioning across the cohesiveness, expressiveness, and conflict resolution subscales of the Family Relations Index.

**Results.** Patients' reports of perceived family functioning yielded a model containing five meaningful family types.

**Conclusion.** Cohesiveness, expressiveness, and conflict resolution appear to be useful dimensions by which to classify patient perceptions of family functioning. "At risk" American families may include those we have called *hostile*, *low-communicating*, and *less-involved*. Such families may benefit from adjuvant family-centered psychosocial services, such as family therapy. J Pain Symptom Manage 2014;48:281–288. 

***Key Words***
*Family, family therapy, family functioning, psychotherapy, cancer, assessment, bereavement, grief, cluster analysis*

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## Introduction

An advanced cancer diagnosis generates substantial psychosocial distress for both the patient and the family,[1,2] including mood disturbance and existential and traumatic stress.[3–5] The family is instrumental to assist with coping, including the provision of emotional and active support such as caregiving.[6,7] Psychological distress is interdependent among family members in the context of cancer.[8] Heightened distress in patients can be deleterious to family members, and the converse is also true. The definition of the family for clinical purposes comprises those members who are psychologically connected with the patient—the psychological family. For some, this is the nuclear family, and for others, this includes the extended family, close friends, or neighbors; in practical terms, each patient defines who they consider their family to be. Moreover, family functioning is a major determinant of patients' and families' psychosocial trajectories of adaptation. A family-centered approach to care provision is thus a crucial target for comprehensive treatment in oncology and palliative care.

To this end, Kissane et al.[9] developed and refined a family-centered, prophylactic intervention, the primary goal of which is to optimize coping and adaptation in patients and families at risk of heightened distress during palliative care and continuing into bereavement. The intervention was shown effective in ameliorating depression and distress,[9] and a further randomized controlled trial to test patient and family outcomes by dose (i.e., number of therapy sessions) proportional to level of family dysfunction is currently underway.

To identify those at risk and warranting such family support, we have screened patients and their carers with the Family Relationships Index (FRI).[10] Previous work by Kissane et al. with Australian families identified an empirical classification of perceived family functioning comprising five types.[11] This typology is derived from members' perceptions of their family's cohesiveness, expressiveness, and conflict resolution, which prove to be the clinically meaningful dimensions of family functioning. Two types proved well functioning with adaptive outcomes: 1) *supportive,* where cohesion and mutual support are high and 2) *conflict resolving*, where communication around difficult topics occurs fluidly. Two other types engaged in dysfunctional interactional patterns with lower cohesiveness, decreased expression, and greater interpersonal conflict. Of these, 3) *sullen* families had muted anger, high rates of depression, and tended to be help-accepting, whereas 4) *hostile* families were fractured and more help-rejecting; both showed heightened risk for psychosocial morbidity.[12] The remaining family type, 5) *intermediate*, reported moderately reduced cohesiveness[11] and also carried high rates of poorer psychosocial outcomes.[13] Although families are never labeled as such in the clinical setting, screening for "risk" by identifying more difficult interpersonal relations allows the offer of adjuvant family-centered services, including family therapy.

Cultural differences between classification systems of family functioning have been demonstrated. In one Japanese study, families reported their perceptions of cohesiveness, communication, and conflict resolution, yielding three types: one more functional (*supportive*), one essentially dysfunctional (*conflictive*), and one *intermediate.*[14] The number of clusters is not determined a priori as a hypothesis but rather emerges from the comprehensive exploration of the clinical data. We assessed American families within this framework.

Herein, we describe perceptions of family functioning by 1809 American patients diagnosed with advanced cancer, using a cluster analytic methodology to create a typology of family functioning. The aim was to determine whether patients could be classified into clinically meaningful and coherent groups, based on similarities in their patterns of responding across the cohesiveness, expressiveness, and conflict resolution subscales of FRI. These patients were being screened for their eligibility for the dose-response controlled family therapy trial mentioned previously. As no studies to date have identified a typology of family functioning in American patients receiving palliative care for advanced cancer, we also explored whether American culture and values would generate a different classification to those found in other countries, in number of clusters or cluster characteristics.