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Educational Leadership and Non-Medical Perspectives on African American Women, Breast Cancer, and Unresolved Anger.

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Abstract

This article reviews existing literature on Black women with breast cancer and examines anger as a possible risk factor for breast cancer. It is not known whether anger is a risk factor for breast cancer based on patients' personal experiences, patients receiving medical treatments, or medical outcomes. Data on this intersection are limited. I aim to encourage deeper dialogue and expand understanding of this topic. Thomas et al. (2000) addressed unresolved anger in breast cancer patients, providing a foundation for further research. I use a systematic approach to discuss African American women and breast cancer, covering Background, Importance, Research Goals, Study Design, Treatments to Limit Cancer Cell Development, Apoptosis, COX-2 Enzyme, Melatonin, Discussion, Implications, and Conclusion.

Keywords: Breast Cancer, Black Females, Unresolved Anger, and Medical Cancer Treatments.

Background

Breast cancer is the second leading cause of cancer-related deaths among Black females in the United States. Reviewing age-adjusted breast cancer mortality rates in the United States, researchers found that from 2014 to 2020, African American females had a higher mortality rate than non-Hispanic White women due to breast cancer. Jatoi et al. (2022) reviewed data from the 1980s using an Age-Period-Cohort (APC) model, which revealed newer data-access tools for doctors to determine how the population has changed in treating breast cancer patients. Thomas et al. (2000) postulated that there is a linkage between certain forms of breast cancer and the emotion of anger. Earlier studies have suggested that since breast cancer and anger are common variables in some patients, it may be beneficial for patients to resolve all anger issues as part of recovery. Greer et al. (1977) affirmed this point in their research, mentioning that after following 160 females over two years, females diagnosed with cancer also had feelings of suppressed anger, with patterns of increased serum immunoglobulin within these individuals. But there has been no concrete evidence or study that indicated that the emotion “anger” causes breast cancer. However, a limited number of selected studies have attempted to investigate whether anger has been a risk factor for breast cancer. For example, Thomas et al. (2000) reviewed previous

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literature on a link between anger and cancer. They found that suppression, repression, or restraint by an individual may be a precursor to the development of cancer**.**

Importance

Reasons why Breast cancer deserves more attention has been its deadly outcomes among some Black females, other women of color and those dealing with unemotional anger issues. Researchers discovered that an "emergence of racial disparity exists between breast cancer patients and the Calendar period effect" (Jatoi et al., 2022, p. 2349). Abujaradeh et al. (2025) examined racial disparity and the symptoms of women being treated for breast cancer with chemotherapy and discovered that some female patients who had early-stage breast cancer also displayed high levels of unresolved anger issues throughout the chemotherapy process. To limit chemotherapy side effects, some medical professionals have developed the Calendar Period Effect to decrease discomfort during chemotherapy treatments. The calendar period effect improves quality of life by detecting potential breast cancer cells using adjuvant endocrine therapy and mammography screening. Both instruments helped reduce the number of breast cancer mortalities in the United States among ethnic groups. Variations in breast cancer mortality among Black women were partly due to poor medical coverage or inadequate health care insurance coverage" (p. 2351). Martin et al. (2025) mentioned that among women diagnosed with breast cancer in 2021, white females had the highest incidence of breast cancer diagnoses. Still, more African American females died from the disease at an accelerated rate.

Goals of this Research

The purpose of this paper is to address racial disparities in breast cancer among African American females and unresolved anger issues. This paper argues that it is not known whether unresolved anger may be one factor associated with the high number of breast cancer cases among Black females. However, the study will examine the literature to determine are there any validity to the question is a there a link between breast cancer and anger? For example, Hagan (2017) mentioned that women who had anger issues toward others experience intense, persistent, and suppressed feelings that may be one connection to breast cancer. For example, Greer et al., (1974) studied patients with breast cancer and found that a statistically significant relationship exists between suppressed anger feelings and breast cancer.

Moreover, Greer et al. (1977) conducted a comparison study involving 160 female patients over two years and found that some individuals with breast cancer also had a history of holding suppressed anger toward others that later developed into an autoimmune disease. Boerma (2007) found that individuals with suppressed anger had high cortisol levels. High cortisol levels in some cases may be associated with high blood pressure, high blood sugar levels, arthritis, flu-like symptoms, and thyroid disease problems. (Mishra & Pandey, 1995, p. 68-70) In this report, I examined the unknown question of whether unresolved anger among African American females causes breast cancer by using a systematic approach to evaluate medical opinions from professionals and achieve a broader understanding of breast cancer in African American females.

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Breast cancer is a very complex illness, and I intend to investigate whether unresolved anger problems are connected to it. Martin et al. (2025) state that African American females with high incidences of breast cancer also encountered feelings of individual isolation, feelings of systemic injustices, and feelings of untrustworthiness toward medical facilities.

Study Design

A systematic review approach was used to address breast cancer, anger, and Black females in the study. A systematic review is useful when little is known about a topic. It also identifies, selects, critically evaluates, and analyses data on a relevant topic. McGowan (2005) stated that a systematic review includes summaries and integrative reviews of multiple research studies that pool data. This study yielded over 100 documents, of which 25 were primary studies; the rest were opinion pieces, non-peer-reviewed articles, websites, and spiritual interpretations. The studies dealt with breast cancer patients only, and other forms of cancer were excluded. One reason for excluding other forms of cancer was to avoid misleading numbers that would contradict the high number of breast cancer patients. The data were from the 1970s through 2026, and the search terms used were breast cancer, anger, Black females, and breast cancer medical treatments.

Eligibility Criteria

Data included in the study were from the 1970s to 2026 and evaluated African American females with breast cancer and unresolved anger issues. The criteria for participants were women over the age of 18 years old to middle-aged who encountered breast cancer treatments before they entered the remission stage. The articles included were opinion pieces, non-peer-reviewed papers, unpublished and published reports, case reports, non-fiction books, and conference papers dealing with African American females and breast cancer, and unresolved anger issues. Data included used mixed methods, qualitative and quantitative approaches; studies on other cancer types were not included. Moreover, the guidelines directed the study were information sources, search strategy, study selection, quality Assessment, data collection, data extraction, and data synthesis. Information Sources: The databases included were Web of Science, MEDLINE, and PUBMED.

Literature Review

According to Benenson et al. (2011), researchers who studied breast cancer and anger issues found that a selected group of females also exhibited aggression, bodily gestures, deprivation, social manipulation, and social exclusion within one-to-one relationships. Reynolds et al. (2000) examined breast cancer survival rates of nearly 1000 females from 1984 through 1991. They found that individuals with a positive coping strategy had better outcomes among patients with invasive breast cancer. In contrast, female patients without a positive coping strategy had a lower chance of survival. Dr. Yazeed (2021), a behavioural therapist, offers one reason why Black females have anger issues within social settings: these women were dealing with prior hurt. In the case of Black females fighting breast cancer, one mechanism used to avoid future

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disappointments was to damage another person. Hagan (2017) theorizes that a link exists between anger and cancer and that this factor may lead some individuals to develop some forms of cancer at an accelerated rate. One illustration of this point was presented in a television series some years ago dealing with African American females and breast cancer.

Actress Gabrielle Union (2010) hosted a Black Entertainment Television (BET) special dealing with breast cancer called "Heart of the City: Chicago's Cancer Divide." In the broadcast special, breast cancer among African American females living in metropolitan cities was shown to be high at an alarming rate. The program discussed socioeconomic factors that played a big role in the diagnosis of African American Women being treated with breast cancer. Poor healthcare coverage for women with breast cancer led many to visit ill-prepared community clinics. As a result of not receiving proper cancer treatments, many African American females suffered great emotional pain. Some died needlessly at local clinics and in outpatient home care due to breast cancer.

H. Tak Cheung (2011) mentions that three contributing factors may lead to cancer. These include environmental chemicals, carcinogens, and radiation. Environmental chemical factors include an individual smoking cigarettes, inhaling toxins and chemical waste in the air, and enduring high levels of stress daily. Individuals consuming carcinogens and radiation derived from food additives, cooking foods too quickly on the grill, deep-fat frying, and inhaling second-hand smoke from heavy smokers are a few examples. According to Dr. H. Tak Cheung (2011), one key in battling cancer is maintaining a strong immune system. "Cancer cells are constantly in our bodies, but in a healthy body, they are destroyed by Cytotoxic T cells before they multiply out of control"(Venere, 2011). According to Dr. Blaylock, a growing body of research suggests that chronic, low-grade inflammation in the body, if left undetected, also causes many cancer cells to grow. Normal cells, for example, usually divide fifty to sixty times before they die; in contrast, a cancer cell continues to divide and spread throughout the body unless it is stopped or killed (Shay & Wright, 2000, p.72-76). In addition, cancer cells have severely damaged chromosomes that continue to duplicate throughout the body, which makes cancer cells so dangerous. (Chromosomes and Cancer Cells, 2007)

Treatments to Curb Cancers Cells development

Scientists estimate that localized cancers, or cancer cells that do not spread to other parts of the body, rarely kill an individual. However, once cancer begins to spread to other body parts, treatment becomes more difficult. Inflammation and angiogenesis drive this process. Tumors can grow quickly with high consumption of omega-6 oils and processed sugars like high-fructose corn syrup. High-fructose corn syrup (HFCS) is dangerous because it is speculated that HFCS causes cancer in some individuals. Although there is no direct link between cancer and high-fructose corn syrup, “consuming high-fructose syrup may promote the growth of some tumors by serving as a fuel source or by creating an environment that facilitates tumor growth” (Fowle-Grider et al., 2024, p. 737). Taking high-quality multivitamins may help the human body reduce toxins and free radicals. Free radical damage may occur with high volumes of animal proteins

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containing glutamate and aspartame. These ingredients may stimulate cancer growth that may become invasive. To help combat certain cancer growth within the human body, a limited number of researchers have focused on how the body protects itself from damaged cells. A few examples of medical researchers promoting cell protection are apoptosis and COX-2 enzymes.

Apoptosis

Apoptosis is the programmed destruction of damaged cells, removing unwanted cells without causing inflammation. This process is vital for normal human cellular development (Fort, 2023). Alotaibi et al. (2017) reported that apoptosis and interleukin-10 (IL-10) work together to strengthen immune function and reduce inflammation, supporting tissue repair. IL-10 is an immunosuppressive and anti-inflammatory cytokine that mainly suppresses inflammation (Lee et al., 2016; Moschen, 2016) and limits tumor growth by activating cytotoxic T lymphocytes (CTLs) (Mumm et al., 2011). In breast cancer, Alotaibi et al. (2017) stated that the "IL-10 gene may represent a new way for breast cancer patients to evade destruction of the immune system with gene silencing" (p.777).

An alternative strategy for cancer treatment involves targeting the COX-2 enzyme, which drives inflammation and is present in most breast cancer patients (Half et al., 2002, p.1676-1681). COX-2 facilitates tumor progression by stimulating angiogenesis, the formation of new blood vessels from normal cells (Gately & Li, 2004, p. 2-11). Cancer cells exploit this mechanism by inducing normal cells to secrete factors that promote blood vessel growth, thereby supporting further tumor development. COX-2 is of particular concern because it enables cancer metastasis. Clinicians frequently prescribe COX-2 inhibitors, such as aspirin or ibuprofen, for their potential to inhibit cancer progression. However, these drugs may cause significant adverse effects, including liver and other organ damage.

Cancer cells may develop in the human body 10 to 40 years before the diagnosis of cancer appears. Dr. Blaylock stated that chronic inflammation may be one culprit in the cancer phenomenon. Domchek et al. (2010), in a cohort study conducted by a group of researchers, observed that 2,482 women who were carriers of BRCA1 and BRCA2 mutated genes were given several options for managing cancer. Those options consisted of Bilateral Salpingo-Oophorectomy (RRSO) (ovarian cancer), Risk-Reducing Mastectomy (RRM), yearly cancer screenings, and chemoprevention. Results from the study revealed that 247 women who underwent risk-reducing mastectomy developed no cancer, and other results reveal different outcomes depending on the patient's medical history and living environment. Oxygen is vital for the survival and optimal function of all living cells. Disruption of oxidative processes impairs cellular activity. Some studies suggest that cancer cells are less likely to proliferate when the body maintains sufficient oxygen levels. Adequate oxygenation supports the immune system's production of natural killer (NK) cells, a subset of white blood cells that target and destroy cancer cells. Supplements including aged garlic, glutamine, and inositol have all demonstrated the potential to enhance NK cell activity. Hamden (2025), observing vitamins, mentioned that

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"nutrition's has a strong link to an effective immune response" (p. 313). However, in some cases, chemotherapy has presented conflicting results for some patients.

For example, traditional cytotoxic chemotherapy can cause significant immunosuppression in some cases, destroying large numbers of immune cells, reducing red blood cell counts, and limiting oxygen delivery to tissue. Graeme Morgan (2004) reported that 5-year survival rates after chemotherapy were only 2.3% in the United States and 2.1% in Australia, suggesting minimal impact on overall cancer survival. However, the American Cancer Society (2025) has found that certain cancer types and stages may have 5-year survival rates of 91% or higher. The American Cancer Society (2025) classifies cancers into three groups based on spread and patient health: localized, regional, and distant**.**

Discussion

The study examines African American females with breast cancer and unresolved anger issues. It suggests that the high number of deaths among Black females may be linked to breast cancer and unresolved anger, and a solution is needed to help curb breast cancer numbers. Prior research indicates mixed results in handling Black female patients. However, unresolved anger issues are problematic because limited research has been conducted (Thomas et al., 2000, p. 344-349), and breast cancer and unresolved anger may be connected (Peters et al., 2015).

Implication

Several studies indicate that cancer growth may originate or progress due to unresolved feelings of unforgiveness toward others. Unforgiveness can lead individuals to experience persistent psycho-emotional conflicts that remain unresolved. Barbara Anderson, Professor of Psychology, reported that researchers at Ohio State University found that "highly stressed females had lower levels of (NK) cells than women who reported less stress." However, natural killer (NK) cells are less effective with stress, anger, and unforgiveness.

Dr. Siegel (1986) reviewed cancer cases and observed that when certain patients, upon learning they had limited time to live, chose to relinquish anger, bitterness, and resentment, their cancer Tumors began to shrink. Author Henry Wright's book entitled (2009), "A *More Excellent Way,"* reaffirmed this point when he stated that "the body attacks itself because the person is attacking themselves spiritually in self-rejection, self-hatred, and self-bitterness. There is a spiritual dynamic that comes into play when white corpuscles are invisibly redirected to attack living tissue while ignoring the true enemy, which is bacteria and viruses."

Conclusion

Battling cancer is a battle that we must be prepared to fight and win. No negative events in our lives, such as loss of a job, lack of money, losing a loved one, marital problems, or being in despair, can override the love that we must have for ourselves. When we love ourselves, it shows

that we love our Heavenly Father. When we love ourselves, it may be one mechanism in defeating the terrible disease called cancer. Winning the battle against breast cancer is a challenging one, but by prayer and acting upon the wisdom of God, the battle can be won. Meditating on the word of God, consuming supplements, and listening to your doctor are viable approaches. Previous information about breast cancer was mentioned in an effort for the public to gain more insight into this topic. Having a clear understanding of breast cancer is one step in winning the battle. African American women, breast cancer, and anger were mentioned throughout the study to illustrate the importance of treating breast cancer. Breast cancer is a complex disease that has caused many victims, but one variable that may be effective in finding a cure for breast cancer is perhaps forgiveness.

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