

Considering the Patient-Partner Relationship in Cancer Care: Coping Strategies for Couples

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A cancer diagnosis, regardless of type or site, raises feelings of fear and loss of control in patients and their partners. Being married is associated with lower mortality from a wide range of illnesses, including cancer. However, the quality of marital interactions is a stronger predictor of health outcomes than marital status alone. When people face great life challenges, they attach importance to their intimate partner's behaviors. Trust, a key component of relationship quality, can lend stability as well as emotional and practical support during treatment. This article will examine the results of research focused on patients with cancer and their partners and discuss the effects of a cancer diagnosis on couples. Recommendations for clinical practice include couple behaviors, communication patterns, and coping strategies. In addition, partners should be included in assessment and interventions to improve the quality of care for patients with cancer.

A cancer diagnosis threatens the health of patients and the existence of partner relationships. The reactions and coping styles of partners and patients are important in cancer care (Cutrona, Russell, & Gardner, 2005; Manne & Schnoll, 2001; Pistrang & Barker, 2005). Issues of partner trust and support are vital to patients throughout the cancer diagnosis and treatment process (Cutrona et al.). The relationship between partners and patients with cancer is a complex dyad that differs from the general social support structure of family and friends (Bodenmann, 2005; Gale et al., 2001; Manne, Taylor, Dougherty, & Kemeny, 1997). A *dyad* is couples in a committed or marital relationship composed of heterosexual or same sex partners. Most of the literature on patients with cancer and their partners involves heterosexuals and homogenous, disease-specific populations (e.g., patients with breast or prostate cancer). Many cultures have been represented in international studies, including the Dutch (Hagedoorn et al., 2000), Israelis (Baider, Walach, Perry, & Kaplan De-Nour, 1998; Ben-Zur, Gilbar, & Lev, 2001), Canadians (Bultz, Speca, Brasher, Geggie, & Page, 2000), Swiss (Bodenmann, Pihet, & Kayser, 2006), and British (Gale et al.). Although many studies accepted same-sex couples, few participated. As a result, this article will review literature that encompasses heterosexual couples in intimate, marital, or committed relationships.

The study of coping strategies, which developed from Lazarus and Folkman's (1984) research on stress response, addresses three processes: perceiving a threat, forming a response to the threat, and coping (the process of executing the response). The model implies that coping is a process, not an event. Many studies assess coping as two strategies: problem focused (managing or eliminating the stress) and emotion focused (managing the

At a Glance

- ◆ A cancer diagnosis affects the lifestyles of patients as well as partners.
- ◆ Relationship quality has a strong influence on couples' coping ability.
- ◆ Nurses should encourage patients and partners to use active engagement and open communication for optimal outcomes.

emotional distress that arises from stress appraisals) (Revenson, Abraido-Lanza, Majerovitz, & Jordan, 2005).

The construct of dyadic coping, which involves both partners (usually in a marital or committed relationship), is the interplay between the stress signals of one partner and the coping reactions of the other partner. Dyadic coping can include daily communication, interpersonal conflict, joint problem solving, giving and receiving emotional support, and dealing with life stressors as a couple rather than as individuals (Bodenmann et al., 2006). The dyadic strategies are defined as active engagement and protective buffering (see Figure 1). This article will enhance nursing care of

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