

# Social, Marital, and Sexual Adjustment of Israeli Men Whose Wives Were Diagnosed With Breast Cancer

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**Purpose/Objectives:** To explore the psychosocial adjustment of Israeli men whose wives were diagnosed with breast cancer.

**Design:** Descriptive study.

**Setting:** An urban tertiary medical center.

**Sample:** A convenience sample of 50 Israeli men whose wives had been diagnosed with breast cancer. The average age was 53.8 years. All of the men spoke and wrote Hebrew.

**Methods:** Husbands completed a demographic and wives' health-related questionnaire, the Social Support Questionnaire to measure social support from their wives, the Psychosocial Adjustment to Illness Scale to measure adjustment to a serious disease of the wives, and the Locke Wallace Marital Adjustment Scale to measure marital and sexual adjustment.

**Main Research Variables:** Psychosocial adjustment, social support, relationships with their partners, and relationships with the healthcare system.

**Findings:** A fifth of the men reported various levels of stress and concern. Half described financial difficulties. Three-quarters of the men noted changes in their relationships. More than a third of the husbands experienced a reduction in communication with their families. All of the men expressed satisfaction with the healthcare system, although some of them expressed a need to receive more information.

**Conclusions:** Husbands of women with breast cancer grapple with multiple issues on several fronts. They need support and information from the healthcare team even if they do not request it in a timely or direct manner.

**Implications for Nursing:** Response to the unspoken needs of men whose wives have breast cancer necessitates education and ongoing staff education to develop strategic support and communication.

**B**reast cancer is the most prevalent cancer for women in Israel. More than 4,000 women are diagnosed, and 900 die annually. One in nine men may have to cope with a wife's breast cancer (Israeli Ministry of Health, 2002), influencing their personal and marital lives. In 1980, Gates demonstrated the importance of spouse support for patients with breast cancer, especially when women are adjusting to the stress and fear connected to a breast cancer diagnosis and treatment plan. Wellisch, Jamison, and Pasnau (1978) stated that the emotional repercussions of a breast cancer diagnosis and mastectomy were transferred to the woman's partner and family.

Northouse (1988) and Northouse, Cracchiolo-Caraway, and Appel (1991) found that husbands suffered emotional issues as a result of their wife's illness. Northouse, interviewing 50 couples 3 and 30 days after mastectomy, found that the adjustment of husbands was connected to previous social

support. In addition, Northouse found that husbands' emotional adjustment was not connected to age, education, length of marriage, or the wives' medical condition. Positive adjustment was associated with positive life adjustment, minimal fears, and the ability to function at home, work, and in social situations.

Sabo, Brown, and Smith (1990) found that husbands generally mentioned an inability to function and difficulty helping their wives cope with the illness and treatment. Husbands reported insomnia, eating disorders, struggles in the workplace, and difficulty maintaining the household while supporting their wives.

The importance of professional support for husbands also was examined in several studies (Bultz, Specia, Brasher, Geggie, & Page, 2000; Rees & Bath, 2001). In their study, Rees and Bath sampled 109 husbands of women with breast cancer to estimate the husbands' informational needs and identify corresponding resources. They also defined and delineated the significance of the information provided by healthcare professionals. Of 109 men, 67 (61%) requested information on their wives' condition from a professional. The information provided by the staff was integrated from sources such as the media, Internet, and conversations with women who had similar experiences.

Psychosocial issues connected with intimacy and sexuality, typical of a breast cancer diagnosis, have been reported (Bransfield, 1982; Hughes, 1996; Northouse et al., 1991; Weiss, 2004; Wellisch et al., 1978). Marital stress was found to be a characteristic of a couple's struggle with the disease. The stress expressed itself in sexual relationships and couples' communication patterns (Northouse et al.). Hughes found that a breast cancer diagnosis can bring changes to marital intimacy. Many couples reported a decline in the frequency and enjoyment of sexual activity.

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### Quick Facts: Israel

**Geography:** Israel lies between the eastern shore of the Mediterranean Sea and the Syrian-African Rift valley, which contains the Dead Sea, the lowest spot on Earth, at its center. Israel's area is 22,000 km<sup>2</sup>.

**Population and political structure:** Israel is a parliamentary democracy. Its total population is 7.2 million, with 81% Jews—from ultraorthodox to secular—and a large minority of Arabs and others (19%). The average population density is 305 people per km<sup>2</sup>, varying from 6,918 per km<sup>2</sup> in the Tel-Aviv district to 71 per km<sup>2</sup> in the Southern district. Population growth outlook for 2015 is 8.12 million and 9.26 million for 2025. The capital is Jerusalem.

**History:** Israel was dominated successively by Canaanites, Hebrews (Jews), Babylonians, Greeks, Romans, Byzantines, Arabs, Crusaders, Turks, British, and now again by the Jewish people.

**Economy:** Formerly agrarian, Israel is highly industrialized today with extensive high-tech capabilities. The average monthly income is \$1,756.

**Education:** Preschool, primary, intermediate (obligatory and free), and secondary education are available. Higher education includes five universities and numerous general and technical colleges. The literacy rate is 94%.

**Healthcare system:** Israel's high standard of healthcare services is based on top-quality medical technology and research, as well as modern hospital facilities. The Ministry of Health is responsible for the development of health policy, operation of the nation's public health services, and management of the governmental healthcare budget. Medical care is made possible for every citizen through four health insurance companies, known as sick funds. According to the national health insurance policy, each resident must be insured by one of the sick funds, therefore entitling all to free care.

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Couples' communication and relationship pattern, prediagnosis, is an important indicator of how they will cope after the diagnosis. Wellisch (1981) reported that husbands with strong interpersonal communication skills who visited their spouses in the hospital were more comfortable seeing their wives naked and quickly returned to healthy sexual functioning. Another study shows that 25%–33% of husbands mentioned that the surgery negatively affected their sexual lives and marital intimacy (Maguire, 1981).

Despite those studies, the most current literature concerns relationships from the women's perspective. In a qualitative study looking at relationship issues of women with breast cancer, Holmberg, Scott, Alexy, and Fife (2001) interviewed 10 women diagnosed with breast cancer. They concluded four main points regarding the women's description of their relationship with their husbands.

- Partner relationships that were troubled before diagnosis faced challenges and negative changes postdiagnosis.
- In an effort to protect each other, communication with the partner became less open.
- Unpartnered women appeared to be more vulnerable to issues of negative adjustment.
- Participants confirmed the need for a comprehensive intervention to facilitate coping with issues related to relationships, intimacy, and sexuality.

Wimberly, Carver, Laurenceau, Harris, and Antoni (2005) studied how women perceived their husbands' adjustment to

their breast cancer. They reported two studies where women were asked about their husbands' reactions to return to prediagnosis sexual functioning and to the surgical scar, as well as the effects of those concerns on the women's marital satisfaction. The first study was cross-sectional, whereas the second study was a one-year postsurgery follow-up. Wimberly et al. found that partners' initiation of sex predicted greater marital satisfaction; partners' adverse reaction to the scar predicted less marital satisfaction. Higher quality of the first sexual experience after treatment predicted less distress. The pattern suggested that women's impression of their husbands' emotional involvement after surgery forecasted future marital adjustment.

All of the previous studies were done in the United States. Several studies were conducted in Israel to examine how women coped through diagnosis, treatment, and rehabilitation (Baider & De-Nour, 1988; Baider, Koch, Esacson, & De-Nour, 1998; Baider, Rizel, & De-Nour, 1986). Baider et al. (1998) conducted a prospective study that examined how partners coped with various spousal cancers. They interviewed 133 couples 1 month and 18 months after diagnosis. They found, generally, that the husbands of wives with cancer felt less anxiety and coped better than wives whose husbands had been diagnosed with cancer. The researchers suggested an explanation for the dichotomy: the different mode of expression between the sexes and the difficulty in the outward expression of feeling that is characteristic of Israeli men. However, relatively little information is available about how Israeli men cope with their wife's breast cancer.

Woloski-Wruble and Kadmon (2002), in preliminary research, studied 20 Israeli men and their wives who had breast cancer. They found that the husbands, when asked general questions, reported few changes in their lives after diagnosis. Yet, when they were asked more specific questions concerning household administration, work, and their sexual relationship, the husbands reported significant difficulties.

The goal of this study was to expand the preliminary descriptive study from 20 to 50 Israeli husbands of women diagnosed with breast cancer. The following questions were asked.

- What were the psychosocial responses of husbands of the women with breast cancer?
- What were the husbands' perceptions of the effect of the women's illness on their marriage?
- How did the men experience social support (from their wives, family, and friends)?
- How did the men describe their relationship with the healthcare team, specifically regarding information and education?

## Methods

### Participants and Setting

This descriptive study examined the psychosocial adjustment of husbands of wives with breast cancer and used established questionnaires. The study was conducted in a tertiary care university teaching hospital outpatient oncology institute. Every woman diagnosed with breast cancer was seen by a breast care clinical nurse specialist. The majority of husbands also met with the nurse specialist so that she could treat the couple together. All of the men approached were married to women who were diagnosed with breast cancer and spoke and wrote Hebrew. The study received the necessary ethics approval from the ethics board of the governing institution.

## Instruments

Every participant received a study instrument package in the mail with a self-addressed stamped envelope to be completed individually and returned to the researchers. A demographic questionnaire, created by the authors, also was included with items concerning the wife's diagnosis and treatment, informational needs, history of cancer in the family, relationship with the breast care clinical nurse specialist, and willingness to participate in support groups. Several questions referred to the couple's relationship with the healthcare providers.

The **Psychosocial Adjustment to Illness Scale (PAIS)** (Derogatis & Lopez, 1983) was used to measure various aspects of coping with a critical illness. A special version examined how individuals coped with a partner's illness. Higher scores on the 46 item scale indicated more adjustment issues. The section examined the wife's perception of the illness on the husband's daily life, such as household tasks, work, and maintenance of social and family relationships. That component also included the ramifications of the wife's illness on the couple's relationship. In previous studies, the inter-rater reliability coefficient of the scale's component was greater than 0.50 for all sections except the one concerning family (0.33). Validity has been established (Stromberg & Olsen, 1997). The PAIS has been validated in Hebrew and used extensively in Israel.

The **Social Support Questionnaire (SSQ)** (Northouse, 1988) was used to measure social support provided by friends and family. The SSQ is an eight item, five point scale on which an individual rates level of agreement. Only the section regarding support from the partner was used in the current study. The questionnaire was used in previous studies and had high validity and reliability (Furukawa, Harai, Hirai, Kitamura, & Takahashi, 1999). The SSQ was translated into Hebrew and then back into English, safeguarding the consistency of terminology.

The **Locke Wallace Marital Adjustment Scale (LWMAS)** (Locke & Wallace, 1987) examined the couple's general relationship with an emphasis on sexual and marital intimacy. The 15 item questionnaire was scored as follows: very satisfied with the marital intimacy (130–158), satisfied (110–130), moderately satisfied (90–110), unsatisfied (70–90), and very unsatisfied (0–70). In addition, the LWMAS has a visual analog scale regarding general marital satisfaction. The internal consistency of that section (15 questions) is  $\alpha = 0.90$  with a high validity content as compared to other questionnaires ( $r = 0.63$ ) (Locke & Wallace). The LWMAS was translated into Hebrew and then back into English, safeguarding the consistency of terminology.

## Procedure

A list of women diagnosed with breast cancer for the first time was generated by the breast care clinical nurse specialist. After the women submitted written approval for participation, their husbands were contacted and asked to complete a written consent form and the mailed survey. If no response was received within a month of the mailing, a follow-up phone call was made. Husbands who refused to participate were not approached further. Ninety-seven questionnaires were sent out and 50 were returned (51% response rate).

## Data Analysis

SPSS® version 11.0 (SPSS Inc.) was used to analyze the data. Descriptive statistics were used to describe the sample and the variables measured.

## Results

### Sample

The convenience sample included men ( $n = 50$ ) whose wives had been diagnosed with breast cancer no more than two years prior to the onset of the study. Twenty men had been included in the preliminary study (Woloski-Wruble & Kadmon, 2002). The average age was 53.8. For most of the men (82%), the marriage was their first. The average marriage length was 26.4 years (see Table 1).

### Spousal Psychosocial Adjustment

Most of the husbands (80%) reported low levels of anxiety, worry, and anger. Eighteen percent reported medium to high levels of anxiety and worry. Only one husband said that he felt neither anxiety nor worry.

In addition, the majority of husbands (92%) reported slight difficulties, if any, with managing household responsibilities; 8% reported moderate difficulty. Sixty-two percent of the husbands reported moderate to high difficulty functioning at work since the diagnosis. All of the husbands mentioned some level of difficulty functioning at work.

Seventy-two percent of the men reported difficulty at some level with social functioning, including participating in hobbies, meeting friends and family, and engaging in outside entertainment. Twenty percent reported moderate to severe difficulty in that area. Only 28% reported no difficulties with social functioning.

About half of the men reported some level of financial difficulty as a result of the diagnosis. Only one husband reported serious financial difficulties. Twenty-eight percent of the husbands reported slight financial issues as a result of the illness, and 20% had moderate difficulty.

### Husbands' Perceptions of the Impact of the Illness on Their Marriages

When the husbands were asked to describe how they felt in regard to marital intimacy, using the visual analog scale from very unhappy to very happy, 32% described themselves as happy and 68% reported very happy. No one was unhappy with marital intimacy. In response to the question requesting a postdiagnosis perspective on the relationship, 94% chose

**Table 1. Demographic Data as Reported by Husbands**

Characteristic	$\bar{X}$	SD
Age (years)	53.8	10.8
Months since diagnosis	12.8	16.0
Characteristic	n	%
Number of children		
0	4	8
1–2	13	27
3–4	28	57
> 4	4	8
Marriage		
First	40	82
Second	9	18

N = 49; one subject failed to provide demographic data.

the highest score available. On the other hand, in regard to their sexual relationship, 72% of the men reported a change in sexual activity. Thirteen percent described moderate difficulty with sexual activity and 59% of the respondents reported slight difficulty.

In the LWMAS that examines marital adjustment, scores ranged from 43–124 (SD = 15.3) and the average score received was 103 (moderately satisfied). Fifty percent of the men had above-mean scores. Only 17 men answered an open-ended question that was added to the LWMAS examining the areas of marital intimacy about which they would like more information. Those who did respond sought information about how to relate to their spouse after the surgery, specifically in the areas of communication and support, including their physical and sexual relationship.

### **Husbands' Experiences of Social Support**

The SSQ and components of the PAIS were used to determine the husbands' level of social support. When the men were asked whether they needed help from friends or family, 78% said no or that they already received necessary help. The other 22% stated that they needed help but were not always sure that they would receive it from friends or family. In response to the question asking whether they received help from their immediate family, 98% reported that they had. Thirty-five percent of the husbands mentioned that they felt a decline in communication with their family, and 22% reported a serious decline with family and feelings of loneliness. At the same time, 73% reported that their communication with family had not changed since their wife's illness.

In response to the SSQ component of the questionnaire, 63% of the men agreed or strongly agreed with the statement that their wives provided them with support in various areas, such as attentiveness, understanding, openness, and warmth and affection. The remaining 37% indicated that they had no opinion on that topic.

### **Husbands' Descriptions of Their Relationships With the Healthcare Team**

The husbands expressed confidence and satisfaction in the medical system regarding their wives' treatment. Forty-four percent reported that they had received sufficient information from the medical staff and did not need more. In addition, 32% said that they had received sufficient information and, if they needed more, they would know whom to ask. Seventy-six percent reported that they had been in contact with the breast care clinical nurse specialist. When asked about participation in support groups, only one husband had participated in a group. Yet 20% mentioned that they would like to participate in a husbands' support group.

## **Discussion**

The present study researched husbands' psychosocial adjustment to their wives' breast cancer diagnosis. Psychological, social, and marital adjustments were examined as well as the relationship with healthcare providers. The general tendency of the men in the study was to report that, in most areas of adjustment, they had not encountered particular difficulties. The husbands in the study did not express the need for more support from extended family and friends. Nevertheless, when asked more specific questions concerning, for example, adjustment

at work, household tasks, or financial issues, a substantial portion of the men seemed to encounter considerable difficulties. The contrast between what the men express as their difficulties versus their true needs may be related to the difficulty in requesting help and the ability to express needs of any kind. Those feelings may be interpreted by the husbands as a sign of weakness and an inability to cope with the situation. Most of the husbands in the current study described their relationship as good to very good. However, when asked specific questions regarding the effect of the illness on their sexual relationship, 75% of the husbands mentioned changes and difficulties at some level, which is consistent with other reports (Baider et al., 1986; Hughes, 1996). What will be the long-term ramifications of the mixed expressions of difficulties?

Taylor-Brown, Kilpatrick, Maunsell, and Dorval (2000) discussed the evidence of marital abandonment in response to breast cancer diagnosis. Using summarized data from previous studies, they created two main models, the lay belief and clinical belief. In the lay belief, the widespread opinion is that many couples separate after the wife's diagnosis because many men are not capable of handling the situation. That belief is reinforced by the media (Taylor-Brown et al.). In contrast, the clinical belief, based on experience and evidence gathered from professionals who have supported hundreds of women with breast cancer and their partners, contradicts the lay belief with evidence revealing husbands generally do not abandon their wives and that education is needed to dispel the lay belief (Taylor-Brown et al.). In the present study, half of the men scored above mean on the marital adjustment questionnaire.

Weiss (2004) examined the marital adjustment of husbands of women with breast cancer using a unique post-traumatic growth measurement. The study described positive life changes that result from trauma and crisis. Weiss found that higher levels of post-traumatic growth among men were positively associated with social support, greater marital support, spousal depth of commitment, and high post-traumatic growth scores as reported by the wives. The results emphasized that the wife's illness may actually strengthen, not weaken, the relationship. Weiss emphasized that many couples use the crisis and trauma connected to the cancer diagnosis as a source of growth and improvement.

The husbands in the current study expressed confidence in the medical system and their wives' treatment. The majority had created a relationship with the breast care clinical nurse specialist who accompanied the couples through treatment. A substantial number of husbands needed more information regarding their wife's illness, specifically related to intimacy and sexuality after their wife's diagnosis. This need also was described by Holmberg et al. (2001).

Only one husband had participated in a support group. Support groups are excellent ways to provide information to couples while offering the option of support from other husbands and professional staff. Further research needs to be conducted to understand Israeli men and their perception of the importance and efficacy of support groups.

Psychoeducational intervention for husbands of wives with breast cancer is one example of professional support. Bultz et al. (2000) examined 36 couples who participated in a randomized controlled trial that offered an educational intervention program. The intervention consisted of sessions on preintervention, postintervention, and a three-month follow-up that offered advice and support to the couples.

The intervention improved the couples' marital satisfaction according to psychosocial measurements of anxiety, depression, and coping. The improvement was still evident three months after the intervention.

From the current study, despite the overall positive attitudes reflected in the completed questionnaires, the men clearly were grappling with issues on several fronts. They needed support and information from the healthcare team even if they did not request it in a timely or direct manner. Israeli men seemingly do not request the help and support that they need, which requires staff to be attentive, proactive, supportive, and especially helpful. Couples' support groups, even if they are not accepted in mainstream Israeli society, are a necessary intervention.

From the present study, other research considerations emerged. The importance of women's age and the type of treatment received should be examined in connection to husbands' adjustments. Time since diagnosis, which may affect coping styles, also needs to be considered. In addition, the various dyadic frameworks and their psychosocial and sexual adjustment to breast cancer must be examined. A comprehensive evaluation of the needs of partners must be conducted, perhaps as an initiative of a multidisciplinary team to respond to the true needs of these men.

## Limitations

This study was conducted with a convenience sample. Only men whose wives were being treated by the breast care clinical

nurse specialist were approached, which could influence the results. Likewise, the study was conducted in one medical center and included only men who spoke and wrote Hebrew. Future studies should include men from various cultures with data collected from several medical centers. Results of this study were generated by husbands who responded to the questionnaire. No information is available about the husbands who chose not to return the questionnaire.

More than 80% of the husbands in this sample were in their first marriage and had been married for at least 26 years. Although that characteristic limits the generalizability of the study, it does encourage the need to study partner adjustment in different types of relationships and in various countries.

## Conclusion

The study reveals that a comprehensive evaluation of the needs of husbands must be conducted, perhaps by a multidisciplinary team. Response to unspoken needs requires education and ongoing staff training to develop strategic support and communication for husbands.

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