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## Differences in Physical, Emotional, and Social Adjustment of Intimate, Family, and Nonfamily Patient-Partner Dyads Based on a Breast Cancer Intervention Study

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Cancer creates a stressful situation that affects the adjustment of patients and families (Ben-Zur, Gilbar, & Lev, 2001; Wimberly, Carver, Laurenceau, Harris, & Antonia, 2005). In identifying who is most significantly involved in the illness experience, many women with breast cancer identify their spouse as their partner (Allen, Goldscheider, & Ciambone, 1999; Manne, 1998). Partner identification may be related to the primacy of the relationship of the partner to the patient (Cantor, 1979) or to the fit between the characteristics of the partner and skills required by a given task (Litwack, 1985). Cantor's model suggests that married people first turn to their spouses for assistance and support, then children, other family members, friends, and neighbors. However, some married women may perceive that female relatives or friends could better meet their needs than their husbands (Allen et al., 1999).

Most breast cancer research has focused solely on the spousal relationship, which excludes women who do not have intimate partners and may not identify the most important or supportive relationships (Mallinger, Griggs, & Shields, 2006). Based on a study of married men and women undergoing treatment for cancer, Allen et al. (1999) reported that marital intimacy was clearly important in identifying male spouses as partners. Nomination of spouse as partner suggests that the closeness of the marital relationship is a key consideration in spousal caregiver selection. Allen et al.'s findings highlight the importance of marital intimacy in a crisis situation, such as the diagnosis and treatment of breast cancer, because both partners are obliged to nurture the other and tend

**Purpose/Objectives:** To assess the degree to which postsurgical adjustment in patients with breast cancer and their partners depends on the nature of the patient-partner dyad relationship.

**Design:** Secondary data analysis from a randomized controlled trial.

**Setting:** Three cancer centers and one suburban community hospital in New York.

**Sample:** 205 patient-partner dyads (112 intimate-partner, 58 family-member, and 35 nonfamily-member dyads).

**Methods:** Mann-Whitney nonparametric comparisons and chi-square tests were used to assess dyad types on continuous and categorical variables, and a mixed model for repeated measures compared postsurgical adjustment among dyad types.

**Main Research Variables:** Type of patient-partner dyads and physical, emotional, and social adjustment.

**Findings:** Patients in intimate-partner dyads were younger, had greater incomes, and discovered the lump by routine mammogram as compared to family- or nonfamily-member dyads. No significant differences were observed in patients' physical or emotional adjustment. Patients with intimate partners had greater difficulty in their social and domestic environments. Partners in intimate-partner dyads had lower scores on psychological well-being, more problems in social and domestic adjustment, and less social support to promote social adjustment.

**Conclusions:** Women with breast cancer experience successful physical and emotional adjustment whether they have intimate-partner, family-member, or nonfamily-member partners. Intimate partners are at greater risk for emotional and social adjustment issues.

**Implications for Nursing:** When designing interventions, consideration must be given to the type of patient-partner dyad involved.