Couples, Culture, and Cancer

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Abstract

When a spouse is diagnosed with a serious illness, both marital partners and the relationship are affected. However, little research has examined the impacts of such health problems on the communication between the spouses as well as on the marriage overall. This study explores the impact of prostate cancer on marital communication. After examining research on social support, health and illness, and relationship maintenance, narratives from couples battling prostate cancer were analyzed. Study findings reveal three main themes—reassurance, connection, and protection—common in the couples' communicative experiences.

Introduction

Though only men are diagnosed with prostate cancer, this illness, like most serious ones, affects both marital partners. Further, its effects often impact a couple in private areas of their lives. Beyond potentially working together to find information on treatments, couples have to manage relational culture changes through communication (e.g., strain as roles shift, care giving needs). How spouses provide support and manage stress associated with the diagnosis of prostate cancer will have important influences on the quality of their relationship. Some research has examined the effects of this cancer on men and their spouses (Kornblith et al., 1994; Morse & Fife, 1998), but little focuses on communication in marital culture (Gray et al., 2000). To better understand communication when managing prostate cancer, we explored couples' firsthand experiences.

The symptoms of prostate cancer and the effects of treatment can have lasting negative impacts on a man's view of his masculinity, which may adversely affect his marital relationship, especially the sexual relationship (Laverly & Clarke, 1999). Laverly and Clarke (1999) found the majority of prostate cancer survivors reported that marital relationships improved. Additionally, most other couples indicated that their relationships were essentially the same, though a few noted negative general relationship outcomes. However, regardless of the assessment of general relational outcomes, three-fourths of the participants reported that having prostate cancer negatively influenced their sexual relationships. Most couples managing prostate cancer struggle with communication surrounding impotency, incontinence, and/or loss of sexual desire, which may threaten intimacy. Further, due to the myriad changes they invoke, serious health problems often threaten relational stability (by leading to reduction of shared activities, redistribution of responsibilities, and shifts in autonomy; e.g., Lyons et al., 1995).

A number of studies point to the key role that spouses can play in helping each other cope with the physical and psychological aspects of illness. For example, findings suggest that the spouse is typically the first person from whom support is sought in a crisis (Cutrona & Surh, 1994) and the most important support provider for cancer patients (Kiss & Meryn, 2001).

Hanover and Ince (1999) suggest wives play an important role as advocates, attending medical appointments, asking difficult questions, and researching treatments. These forms of tangible and informational support from a spouse are important. Support has been shown to have a buffering effect for cancer patients, protecting them from some stressors associated with the disease (Cohen & Wills, 1985). Several studies have concluded that patients who confide in a spouse or friend fare better emotionally (e.g., Baker, 1992; Rose, 1990). Some research also suggests that marriage is an effective support system in buffering stigma and embarrassment associated with a diagnosis of prostate cancer (e.g., Arrington, 2000).

Needs for social support extend in multiple directions. For example, some findings suggest that women with spouses diagnosed with prostate cancer reported significantly higher levels of psychological distress than did their husbands (Curtis & Juhnke, 2003). When intimacy problems arise, many husbands feel a lack of masculinity and self-worth, and responsibility often falls on wives to ease distress**.** This responsibility along with the intimacy issues may be just as stressful for wives as the emotions and intimacy issues are for husbands. Social support can ease such distresses; however, its provision requires rhetorical sensitivity and is complex, as needs often extend in multiple directions and change over time. Provision of social support that aids one partner, especially when combined with other relational maintenance behaviors, can increase the likelihood of sustaining a desirable relationship and decrease stressors related to illness.

However, little is actually known about how couples dealing with prostate cancer or the effects of its treatments manage communicative and relational issues. Although Kepes (1997) correctly characterizes prostate cancer as “a disease of couples” (p. 1), few studies have focused on how couples manage this illness and their relationships through communication. As Cline (2003) points out, far too little research on health communication has examined “everyday interpersonal communication” (p. 285), such as informal interactions between spouses.

Our interest centered on how husbands and wives talked about prostate cancer. Specifically, we were interested in how couples coped with the news of prostate cancer, made treatment decisions, and worked to maintain their relationship. Toward this goal, we sought to understand these experiences from the firsthand views of the participants. In particular, we focused on participants’ narratives of their prostate cancer experience. The following research question guided the study: How do married couples use communication to manage their relationships after the husband is diagnosed with prostate cancer?

Method

Participants and Procedures

Participants were members of a prostate cancer support group in Tauranga, New Zealand. One researcher attended a group meeting and asked for volunteers for a study of couples dealing with prostate cancer. Several couples volunteered, and three were selected based on convenience and availability to the researcher. Interviews were conducted in the

couples' homes. The spouses were interviewed together; however, one wife asked her husband to "run errands" halfway through the interview because she felt he would be embarrassed to talk candidly about his impotency.

The men ranged in age from 59 to 74, and the women ranged in age from 39 to 73. Marital duration ranged from 4 to 52 years. Length of time since diagnosis and treatment, which was surgical removal of the prostate, varied from 5 weeks to 8 years. All participants were Caucasian and middle class. Pseudonyms have been assigned in the reporting of the results.

To facilitate naturally occurring talk, the research utilized in-depth interviews with a semi-structured interview format (Spradley, 1979). Such an approach generates considerable and robust data. Questions were designed to elicit stories and examples from couples on their experience with prostate cancer. The interviews had four parts: Part 1 helped couples ease into the interview (e.g., Tell me how you met each other?); Part 2 introduced questions on experiences with prostate cancer and its influence on marriage (e.g., In what, if any, way(s) has prostate cancer affected communication with your spouse?); Part 3 explored individual views on the diagnosis, treatment, outcomes, and marital impacts (e.g., Describe any discussions you two had regarding treatment options and potential side effects.), allowing partners to explore, summarize, and make sense of their relational experiences; Part 4 provided an opportunity for couples to reiterate experiences they found significant or believed would be useful in the research or to other couples or individuals dealing with prostate cancer (e.g., What suggestions do you have for couples facing similar situations?). This four-part structuring, designed to uncover the couples' full "prostate story," reduced the risk of overlooking themes in long narratives or mentioned across different facets of the interview (Riessman, 1994). Interviews were audiotaped and transcribed.

Data Analysis

Following analytical induction procedures (Glaser & Strauss, 1967; Strauss & Corbin, 1990) and consistent with open coding in grounded theory (Strauss & Corbin, 1990), we read the transcripts and field notes to develop an overall impression of the data. Then, the transcripts and field notes were re-read several times, and the data were coded according to their focus into small units, which specifically identified subsets of participants' marital communication and experiences with prostate cancer (see Riessman, 1993, for discussion on how the selection of particular narrative segments is a vital "'unpacking' of structure that is essential to interpretation" p. 58). Next, similar units were combined to reflect key themes. The method of constant comparison was employed (Strauss & Corbin, 1990); thus, as new themes emerged, existing themes were reviewed and revised. Based on the above and Owen's (1984) interpretative criteria (i.e., recurrence of specific meanings, repetition of exact words or phrases, and forcefulness of an idea), three themes emerged as meta-categories.

Results

Three main themes emerged from the analysis of the narratives—needs for reassurance, connections, and protection. These findings are explained below.

Reassurance

The first theme was the need for reassurance for both spouses. Throughout the interviews, participants reported intimacy problems. Men struggled with impotency, and this treatment side effect made them question their worth and masculinity. Wives displayed concern for their husbands' feelings and reassured them of their love, but they also stressed the changes in sexual intimacy did not bother them and highlighted positive relational aspects. Barbara stated, "the men are the first to say how much they've needed the support of the wives to get them along to the doctor and to just generally help them over the difficult patch." Through reassurance, husbands came to feel more comfortable. Reassuring a person of his or her competence may foster self-efficacy and lessen distress (Burleson, 1994). Reassurance of an individual's worth and positive feelings toward him/her may help lessen negative emotions brought on by illness.

Since treatment, John has struggled with impotency. He worried that the problem might even be a bigger one for Mary. He stated, "It was really good for me knowing that she was fully in support from the word go, because that is the major problem … that's the thing I had trouble coming to terms with most of all was being impotent." John later stated, "That was the biggest part, getting Mary's support. Once Mary had given me her unqualified support, it gave me a lot of confidence. Then it was only me. I had to come to terms with it myself." With Mary's reassurance, John was able to gain more confidence concerning his masculinity, allowing him to realize that his impotence was not a major issue for his wife and was not coupled with his worth.

Debbie's husband, Robert, also struggled with impotency. Because of a stroke, he was not able to take medications like Viagra as they might trigger another stroke or a heart attack. Debbie discussed Robert's embarrassment about his impotency, but said "Us women think about it differently. He kept saying all the time it's not fair on you, and I said it has nothing to do with me … I say we had 45 years of normal marriage, so forget about it." Through Debbie's support, Robert's anxiety about his impotency eased, as did his frustration at not being able to take medications to counteract it.

The spouse is typically the most important support provider for cancer patients (Kiss & Meryn, 2001). Reassurance is important in helping boost the husbands' self-esteem and lessen distress caused by prostate cancer. By expressing concern for their husbands' feelings (and a lack of concern regarding changes in sexual relationships), wives facilitated their husbands in coping with feelings of embarrassment and emasculation. Further, husbands' concerns over effects on their wives and reassurances of their love and appreciation helped wives in coping.

Connections

The second theme stressed the need for connection to others, which was largely fulfilled by interactions with the spouse. Nonetheless, these couples, especially the wives, also wanted to connect with friends, family, and other prostate cancer survivors. All of these couples attended support groups, allowing husbands to connect with men having the same difficulties (e.g., impotency) and wives to find out more information regarding prognosis, quality of life, and treatment advances. Through these connections, both husbands and wives learned that others faced similar individual and relational challenges and gained insight on how to manage these challenges.

Communication with others in similar situations, such as involvement in support groups, reduces feelings of depression and anxiety in cancer patients (Rose, 1990). In addition, individuals who participate in support groups tend to report fewer symptoms and less stress, and some research suggests that they may live longer than individuals who do not attend support groups (Spiegel et al., 1989). Together and with help from support groups, these couples found the information and support needed to help maintain their close relationships.

When asked what benefits he gains from the support group, Scott replied that he is able to help others. He stated, "Well, myself personally, to be able to help people through my own experiences. It's only something through experience that you've been able to have the information to give them." Scott's ability to help others through this stress brings about some of the support he needs, along with serving to boost his self-esteem.

Debbie indicated her husband Robert received several benefits from participating in a support group, including "friendship and being accepted for, you know, because they all have had the same thing happen to them. They all have the same thing. They all went through the trauma, and they all have a life after that. That's what showed him that there was a life after the operation." Robert was able to connect to the other men in the group by realizing he was not the only one facing side effects that accompany prostate cancer treatments. He developed friendships and connections with others facing similar problems. These connections facilitated his self-acceptance and continued connection with Debbie.

Some research indicates that more wives than husbands feel the need to seek out information about prostate cancer (Laverly & Clarke, 1999). Women are more likely to look for alternative treatments and ways to minimize side effects. Scott's wife, Barbara, organized a meeting of wives from the support group and discovered they "were able to talk about things among themselves. … They were glad to compare notes about how to cope with different facets of the problem with the men, and because the men, of course, become very self-centered about all this when it happens to them and find it very difficult to cope, especially with incontinence and, of course, impotence." Communication with others helped to increase the couples' knowledge and involvement in the decision-making process regarding treatment. These benefits were useful in allowing couples to connect in making joint, informed decisions. John felt uncomfortable after talking with his physician about his diagnosis: "I left there a wee bit uncertain, and so … I contacted our … local prostate support group, and it was there that things started to come together quite strongly and I got some very good advice." He received information from the group and shared it with his wife, Mary. John added, "It is very, very important that the partner is involved right from the beginning." Their ability to interact positively in this way at a crucial time in the relationship was important in sustaining marital health.

Protection

The third theme stressed the need for protection of their own and their spouse's emotions and feelings. Husbands stated that, at times, they denied their anxieties and concerns in order to protect themselves and their wives from further worries. Not only were they themselves worried about the cancer, they did not want to upset their wives by letting on that *they* were worried. This theme is similar to Laverly and Clarke's (1999) finding of "protective buffering." For example, in their study, one man summarized the views of several by stating that although he and his wife did not talk much about what was going on and how he was feeling, she could tell when he was having negative feelings. Even at these points, he reported

resisting openly disclosing his feelings because the disclosures would be upsetting to her. Because his wife was bothered when he felt bad, he wanted to protect her by not telling her how bad he felt at times.

Because sexual changes (e.g., impotency) had a great impact on how the men felt about themselves and their feelings of masculinity, men tended to withdraw from intimacy. Some men in the study felt these problems were worse for their spouses than for themselves. For instance, speaking to his wife, John said, "You know, if I'm not going to get the urges, it's probably not going to be a huge problem for me. It's going to be a big problem for you." Although these men felt that way, the women had worked through it or stated it was not even an issue for them.

Barbara believes men do not want to face the situation because it is so personal; it is easier for them to withdraw and avoid the topic—in an attempt to protect themselves. She stated, "A lot of men are very, still very, coy about going on about things like having to do with their private places. They're still very reticent about that and in many cases, it's the wife or partner that's pushing them along." Because many men are embarrassed about such issues (e.g., impotency and incontinence), they may be reluctant to even acknowledge the problem to their partner. They may avoid intimate situations and/or discussing the issue to protect themselves from embarrassment or frustration and from having to talk with their partner about the situation.

Through avoiding discussions about anxieties and concerns, husbands perceive that they are protecting their spouses' feelings and, in some cases, their own. Husbands believe that this protection prevents further revelation of information that will be upsetting to their wives. Because impotency and incontinence are embarrassing for men, by choosing not to discuss these problems, husbands allow themselves to avoid a potentially humiliating conversation. However, this avoidance also lessens their chances for reassurance. Once these men began discussing such information with their wives, they discovered that the changes in sex did not disturb their wives and they received support for their anxieties and reassurance of their worth.

Discussion

In each theme, we see means by which individuals attempt to manage uncertainties of illness, results of treatment, and changes in relationships through communication. These couples were integrating new experiences and outcomes into their lives. In some cases, individuals seek reassurance from partners regarding worth and commitment. Among these couples, partners were skilled in providing the kinds of reassurance that facilitated successful adjustment. In other cases, partners screened what and how much they disclosed because they perceived that certain types of disclosure would increase a spouse's uncertainty or make their own more difficult with which to grapple. This protective behavior suggests the importance of rhetorical sensitivity in selecting and delivering one's messages. These couples also sought to develop deeper connections with each other and with others facing similar dilemmas. Their experiences indicate success in developing and maintaining these connections.

"Because the incidence of prostate cancer is expected to rise with an increasingly aging population and better detection methods, it is important to examine the coping of both patients and their spouses to gain a better understanding of the impact of the experience on these people" (Laverly & Clarke, 1999, p. 290). However, despite these factors and the fact that prostate cancer is a leading cause of cancer-related deaths, few studies have explored its

communicative and psychological impacts, especially on both spouses. This study is one step in this direction.

Our findings stress the important role that communication plays in relationships and, in particular, the needs that couples dealing with prostate cancer face—reassurance, connection, and protection. These findings also parallel and reinforce some dimensions of marital satisfaction (Canary, Stafford, & Semic, 2002). For example, the need for reassurance grappled with by these spouses may reflect a broader dimension underlying successful marriages—assurances. In addition, building connections, in this case with prostate cancer support group members, appears to underscore the importance of social networks in contributing to marital satisfaction (e.g., Canary, Stafford and Semic, 2002). In previous research, openness and self-disclosure have been found to relate positively with marital happiness; however, the needs for protection stressed by these participants suggest an interesting avenue for further inquiry. Confronted with their own and a spouse's potential emotions, partners may act in ways that protect self and/or partner. Despite these needs for protection, some findings suggest that through open disclosure anticipated problems are alleviated (i.e., avoidance lessens chances for reassurance and, in some cases, for discovering that anticipated issues are not of particular concern to one's spouse). Perhaps future studies can shed additional light on these complex relationships.

In summary, participants illustrate how they managed their relationships through disclosure and non-disclosure of information and how spousal support was essential in this difficult time and contributed to marital closeness. Even spouses who elected to disclose less reported that having a spouse who was willing to listen was important to their adjustment. Each of these couples successfully navigated the individual and relational changes that resulted from prostate cancer and came to appreciate their marriages more due to the support they provided.

Several limitations are present in this research. First, in order to explore couples' experiences in detail, we focused on a small sample of respondents, which raises issues of external validity. A second limitation is that all of our interviewees participated in a prostate cancer support group. This homogeneity allowed us to explore how experiences in a support group were connected to overall well being and related to maintaining positive dimensions of the marriage; however, it also means that we know little about how non-support group participants managed these issues.

A positive outcome in this study is that all participants were well adjusted; however, it is associated with a limitation. Not all men and their spouses adjust well to these health, life, and relationship changes. It is also plausible that not all marriages facilitate managing support as well as these relationships did. Thus, research needs to be undertaken that considers individuals coping with prostate cancer in different ways and whose management of their relationships is not as positive. Such a focus will allow for better understanding of productive and unproductive communication behavior and may thus be useful in directing individuals to more productive ways of coping.

Clearly, future research should continue to explore the psychological and relational impacts of prostate cancer on the individuals involved. Beyond the above suggestions, we see several directions for inquiry. Understandably, most of the limited psychological research in this area addresses effects on males. However, given the important care-giving role of women and the degree to which men report needing support, researchers should also address the impact of prostate cancer on women. Additionally, future research could address adjustment

to prostate cancer longitudinally. On a related note, the long-term effects of prostate cancer and treatment side effects on marital communication and relationships also need to be explored. Outcomes of such studies could be useful in helping individuals, couples, family members and friends, and health care providers understand the complex communicative processes involved in successful adjustment and may facilitate assisting others in managing the myriad personal and relational uncertainties.

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