Factors Influencing Relationship Satisfaction in Couples Coping with Cancer: Clinical Implications for Integrated Behavioral Health Clinicians

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ABSTRACT
This poster presents the results of an exploratory study on the effects of self- and other-blame, perceived control, and cancer-related communication patterns on relationship satisfaction among couples coping with breast, prostate, colorectal, and lung cancer. Results highlight the emotional and relational impacts of cancer on the family in survivorship, and the need for continued psychosocial care. Clinical implications and recommendations for integrated behavioral health clinicians, particularly in primary care settings, are described.

LITERATURE REVIEW
The effects of cancer extend beyond the individual survivor and affect those who have relationships with the survivor as well. Unlike family members and friends, partners often experience similar or higher levels of distress as a person diagnosed with cancer. Over the past decade, there has been increased interest in the lifestyle and behavioral causes of cancer such as smoking, diet, physical activity, and exposure to environmental hazards. Awareness of these factors may cause newly diagnosed survivors and their partners to wonder what they might have done to contribute to the development of cancer. Perceived blame for the cause of cancer may affect how survivors and partners interact. Although blame has been studied in the context of cancer, virtually no research has investigated the effects of survivor and partner self- and other-blame on relationship satisfaction among couples coping with cancer. Additionally, behavioral causes may also influence the degree to which survivors and partners perceive they have control over the progression of the disease. Few researchers have examined how self-blame and perceived control relate to couple interaction and satisfaction. Knowledge of these relationships is crucial to properly assess couples’ dyadic coping efforts, especially if behavioral change is required to influence the progression of cancer.

METHODS
PARTICIPANTS
Survivors of breast, prostate, colorectal, and lung cancer and their partners were invited to complete separate survivor and partner surveys. There were 121 survivors and 42 partners who participated individually, and 11 paired couples.

STUDY VARIABLES
- Perceived control
- Self-Blame (behavioral and characterological)
- Other-Blame
- Communication patterns (mutually constructive, demand-withdrawal, and mutual avoidance)
- Relationship satisfaction

CLINICAL AND RESEARCH IMPLICATIONS

INDIVIDUAL
- On average, partners reported more blame of survivors for the cause of cancer than survivors blamed their partners, t(1) = 3.57, p = .06.
- On average, survivors indicated a higher sense of Perceived Control of the course of their illness than partners, t(163) = 6.83, p < .01.
- Behavioral Self-Blame was positively correlated with Perceived Control, r = .21, p < .05.
- Other-Blame was positively associated with demand-withdrawal communication patterns (r = .36, p < .01) and negatively associated with relationship satisfaction (r = -.36, p < .01).
- Communication patterns were the strongest predictors of Relationship Satisfaction for both survivors and partners. Together, self-blame, other-blame, perceived control, and communication patterns predicted 61% of the variance in relationship satisfaction.

COUPLE
- The pooled regression approach of the Actor-Partner Interdependence Model (APIM) was used to investigate how survivor and partner predictor variables influence one another’s relationship satisfaction.
- Survivors and their partners had higher Couple Satisfaction scores if the survivor’s Perceived Control score was higher.
- The higher the partner’s Perceived Control, the lower the survivor and partner Couple Satisfaction scores.
- Although mutual avoidance behaviors were associated with decreases in relationship satisfaction for both survivors and partners, it appears that partner reports of higher MA were more influential.

REFERENCES

RESULTS

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| CSIL   | 2.54 | 0.44| 6.73 | .00 |
| CPO-MACPQ | 3.01 | 1.00| -2.53 | .01 |
| CPO-MA   | 3.54 | 1.00| 4.28 | .00 |

CLINICAL
- Integrated behavioral health clinicians and survivorship care teams must consider individual an couples’ causal attributions in the context of fostering perceptions of control over the course of the illness to facilitate feelings of optimism and self-efficacy for the future.
- Behavioral health clinicians should provide the time and space for survivors and their partners to explore feelings associated with cancer attribution, such as blame, and consider utilizing emotion-focused treatment strategies.
- Survivorship care plans should acknowledge the family system in which survivors are embedded, and include emotional health and support recommendations for the survivor, partner, and couple/family system.

RESEARCH
- The study sample consisted of a limited number of paired couples, making it difficult to understand the experience of cancer from the couple perspective. Research is needed to identify optimal recruitment strategies to improve enrollment in couple studies.
- More survivors than partners participated in the research at the individual level, which might be due to increased generativity and desire to give back to the cancer community, phenomena that has been found among cancer survivors (Wong et al., 2004).
- The pooled regression approach of the Actor-Partner Interdependence Model (APIM) accommodated the small sample, and was an effective strategy for accounting for the interdependence of the nested couple data.