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, & Ciambrone, 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