Exploring a Diffusion of Benefit: 
Does a Woman With Breast Cancer Derive Benefit 
From an Intervention Delivered to Her Partner?

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The American Cancer Society estimated that in 2010 more than 260,000 new cases of invasive and in-situ breast cancer would be diagnosed in the United States (Jemal, Siegel, Xu, & Ward, 2010). For the woman with breast cancer, the diagnosis and treatment experience often is associated with profound fatigue, physical discomfort, psychosocial distress, changes in body image and sense of self, as well as altered routines at work and within the family (Badger, Braden, & Mishel, 2001; Bloom et al., 1987; Landmark, Strandmark, & Wahl, 2001; Longman, Braden, & Mishel, 1996; Loveys & Klaich, 1991; Nosarti, Roberts, Crayford, McKenzie, & David, 2002). For the partner, the breast cancer experience can be equally overwhelming when witnessing a loved one’s increased vulnerability, struggling to support her emotional and physical needs, addressing ongoing family and work demands, and coping with personal emotional changes and worries about the future (Lewis, Cochrane, Zahlis, & Shands, 2005; Lewis, Fletcher, Cochrane, & Fann, 2008; Northouse, 1992; Samms, 1999; Zahlis & Shands, 1991). The psychosocial impact of breast cancer is compounded by associations between psychosocial morbidity and coping in the partner and distress in the diagnosed woman (Baider & Kaplan De-Nour, 1999; Ben-Zur, Gilbar, & Lev, 2001; Brusilovskiy, Mitstifer, & Salzer, 2009; Giese-Davis, Hermanson, Koopman, Weib, & Spiegel, 2000; Hinnen, Hagedoorn, Ranchor, & Sanderman, 2008; Manne, Ostroff, Winkel, Grana, & Fox, 2005; Northouse, Templin, & Mood, 2001) and between the quality of the marital relationship and the couple’s psychosocial responses (Bloom et al., 1987; Fergus & Gray, 2009; Rodrigue & Park, 1996; Weihs, Enright, Howe, & Simmens, 1999).