

# A Brief Intervention to Minimize Psychosexual Morbidity in Dyads Coping With Breast Cancer

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**T**he diagnosis and treatment of female breast cancer are widely recognized to be associated with significant distress and uncertainty that disrupt the lives of survivors and their partners (Avis, Crawford, & Manuel, 2004; Baucom et al., 2009; Mellon & Northouse, 2001). In fact, for women who are partnered, breast cancer may best be thought of as a “couple’s disease,” the reason being that the adaptation of each partner has been shown to predict the adjustment and well-being of the other (Hoskins, 1995; Romero, Lindsay, Dalton, Nelson, & Friedman, 2008; Segrin, Badger, Sieger, Meek, & Lopez, 2006). Therefore, a primary concern within this population is the impact of breast cancer on the quality of the dyadic relationship. The uncertainty that comes with the diagnosis, along with changes in body image and side effects associated with the treatment, poses particularly serious threats to the self-esteem, quality of life, and psychosexual well-being of the survivor and, therefore, to her partner and to their relationship (Manne, Ostroff, & Winkel, 2007; Northouse, Templin, & Mood, 2001). Serious problems found to affect the relationship include sexually related issues that do not resolve spontaneously and extend well beyond the period of adjuvant therapy (Broeckel, Thors, Jacobsen, Small, & Cox, 2002; Ganz, Rowland, Desmond, Meyerowitz, & Wyatt, 1998; Schover, 1999). Difficulty communicating about intimacy, sexuality, and the fear of cancer are problems, too (Kornblith et al., 2006; Shields & Rousseau, 2004). Results from a preliminary focus group study that included survivors and their male partners found a lack of communication within the dyad to be common. The consequence often was that each individual made unwarranted negative assumptions, and support within the relationship decreased at the very time it was needed the most. In addition, partners often felt overlooked because of the concern of others for the well-being of the survivor. That left them with little support as they, too, coped with the fear and uncertainty associated with breast cancer, along with the threat of the potential loss of their loved one (Holmberg, Scott, Alexy, & Fife, 2001).

**Purpose/Objectives:** To develop and evaluate the feasibility of a brief intervention to attenuate the incidence of psychosexual morbidity within the dyad secondary to the diagnosis and treatment of breast cancer.

**Design:** Quasiexperimental, including intervention and treatment-as-usual comparison groups.

**Setting:** Breast clinic of a comprehensive cancer center in the Midwest United States.

**Sample:** 65 recently diagnosed breast cancer survivors who were pre- or perimenopausal and aged 20–55 years, and their partners.

**Methods:** Three intervention sessions were delivered based on a manual developed for the study. Twenty-five dyads received treatment as usual, 26 dyads received a face-to-face intervention, and 14 dyads received the same intervention by telephone. Questionnaires were completed at baseline, following completion of the intervention, six months postintervention, and from the comparison group at equivalent data points.

**Main Research Variables:** Intimacy, sexual functioning, and dyadic adjustment.

**Findings:** About 98% of dyads completed all intervention sessions, with an equal level of satisfaction among those in the telephone and face-to-face groups. Interesting trends in differences between the intervention and comparison groups on the relationship variables of intimacy, sexual functioning, and dyadic adjustment were obtained; however, given the sample size, power was not sufficient to reach statistical significance.

**Conclusions:** The intervention is feasible and acceptable for dyads comfortable discussing their relationship. Intervention by telephone was demonstrated to be as effective as the face-to-face mode of delivery.

**Implications for Nursing:** Nurses need to provide an opportunity for women to discuss problems they are experiencing relative to sexuality, intimacy, and body image.

Given the evidence of the serious implications for the quality of the partner relationship in this population, the development of effective interventions is vital. Although these problems are gaining increasing

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