

## Examining Communication Between Couples Suffering From Cancer

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*Given the emotional-nature that cancer-related topics are, it has become important to analyze how a cancer diagnosis can affect a relationship. The aim of this qualitative study was to investigate how couples can maintain healthy relationships when one person is dealing with cancer, specifically why certain topics are avoided by couples and how this avoidance can damage the relationship. Using pre-existing interviews from the website Cancer Dudes, four interviews were analyzed to identify certain themes among the interviews. Using thematic coding analysis, multiple themes were found, in addition to categories within these themes. Given the various data collected, the study exposes several implications of the data and emphasizes the need for future research regarding the topics.*

**Keywords:** cancer, cancer communication, avoidant communication

### Introduction

Cancer is certainly a difficult and emotional topic to discuss, but it is even harder to discuss with romantic partners. Researchers have been trying to understand how cancer influences romantic relationships in various contexts, such as communication, coping, stress, etc. (Boehmer and Clark, 2001; Manne et al., 2005). With an abundance of topics related to communication, there seems to be a need for more investigation into the relationship between communication and cancer. Research in these areas can provide cancer patients and their partners the proper tools they need to maintain a healthy relationship, despite going through a cancer diagnosis (Manne et al., 2010; Yu & Sherman, 2015).

Specifically, the area of topic avoidance is important regarding couples suffering from cancer. Topic avoidance can occur in any romantic relationship but is significant within the context of couples suffering from cancer due to the implications it can have on the relationship (Knobloch & Carpenter-Theune, 2004; Manne et al., 2014; Porter et al., 2005). Additionally, research regarding couples suffering from cancer is needed given how involved spouses can be with cancer treatment process, and how beneficial social support from a spouse can be during this process (Figueiredo et al., 2004; Zhang & Siminoff, 2003). The goal of this study is to investigate how couples can maintain healthy relationships when one person is dealing with cancer, specifically why certain topics are avoided by couples and how this avoidance can damage the relationship.

### Literature Review

The stigma surrounding cancer communication does not just occur within a singular type of relationship but has been observed in multiple contexts, making some aspects of cancer difficult to discuss (Ernst et al., 2017; Ettridge et al., 2018; Shen et al., 2016; Wood et al., 2018). The current literature review will expand upon what some of these avoided cancer-related topics are, as well as the implications topic avoidance has, within the realm of romantic relationships.

### Topic Avoidance

While topic avoidance can occur within any type of relationship, it is especially concerning within cancer patient-spousal dyads. Topic avoidance occurs within numerous populations, and does not discriminate against gender, relationship status, nor cancer-type (Badr & Taylor, 2006; Boehmer & Clark, 2001; Yu & Sherman, 2015). Several studies have investigated what topics are avoided within couples suffering from cancer. Both husbands and wives have reported avoiding strong emotions related to cancer

diagnosis/treatment (Boehmer & Clark, 2001). Specifically, male cancer patients reported avoiding topics surrounding the physical changes caused by prostate cancer, including changes in sex life, due to embarrassment and shame (Boehmer & Clark, 2001). Other reasons for avoiding cancer-related topics were general feelings of uncomfortableness, protection of their spouse, and self-protection (Boehmer & Clark, 2001). Female breast cancer patients also reported avoiding changes in sex lives as one of the mostly commonly avoided topics within their relationships, as well as cancer-related feelings (Yu & Sherman, 2015). The patients' spouses reported avoiding topics concerning death and disease progression the most; however, no reasoning was given as to why these topics were avoided by patients and spouses (Yu & Sherman, 2015). Other studies that have found death, sex, prognosis, and life post-death as avoided topics among samples of various cancer patients and their partners, indicating that there are similar avoided topics among cancer patients and their spouses (Badr & Taylor, 2006; Garos et al., 2007; Goldsmith & Miller, 2014; Reblin et al., 2019). Reblin et al. (2019) even observed no cancer-related discussions at all within cancer patients-spousal dyads in a naturalistic study – if cancer-related discussions occurred, it mainly revolved around objective facts or managing care, not feelings nor emotions. However, participants did not explain why little discourse occurred around feelings nor emotions.

While studies have found some commonly avoided topics among cancer patient-spousal dyads, there is still relatively little data on the rationale behind topic avoidance within this vulnerable population (Boehmer & Clark, 2001; Yu & Sherman, 2015). This lack of data is cause for concern considering that some similar avoided topics have been found among various population samples suffering from different types of cancer and of different genders, but little is known as to why. Topic avoidance has been found to impact all types of romantic relationships, not only cancer patient-spousal dyads. However, supportive communication has been found as an incredibly important part to coping with cancer (Lepore & Revenson, 2007). More research is needed to further understand why topics are avoided by cancer patients and their spouses. This will allow researchers to understand the impact topic avoidance has on this dyad and the impact it has on the cancer-coping process. In the next section, the known implications of topic avoidance are discussed.

## **Implications**

Topic avoidance is damaging to all relationships but has been found to be especially harming to couples suffering from cancer. For one, intimacy levels have been shown to be associated with topic-avoidance by cancer patient-spousal dyads, either by the patient, their partner, or both (Manne et al., 2010; Manne et al., 2014; Porter et al., 2005). Additionally, the presence of topic avoidance does not have to be entirely overt for couples suffering from cancer to be impacted by it. Patients who purposefully engaged in avoidant communication did so due to their *perceived* avoidance within their partners (Manne et al., 2005; Manne et al., 2014; Porter et al., 2005). Perceived or not, topic avoidance is also positively associated with psychological distress, physical well-being, and quality of life within cancer patient-spousal dyads (Kershaw et al., 2008; Porter et al., 2005; Yu & Sherman, 2015). Both patients and their wives from Boehmer and Clark's (2010) study also reported feelings of uncertainty about their partners' feelings because of topic avoidance.

While these studies demonstrate the implications of avoidant communication for the relationships of couples suffering from cancer, more research is needed regarding the topic. The lowered use of avoidant communication by cancer patient-spousal dyads has been associated with higher quality of life for both individuals – however, this is not the story for all relationships (Kershaw et al., 2008). Further research into this topic would allow for better understanding of how avoidant communication impacts the relationships of cancer patients and their partners. This, in turn, would be of use for other researchers, therapists, and other health care professionals, to better advise cancer patient-spousal dyads on how to manage their relationships.

The goal of this study is to examine why certain topics are avoided by couples when having cancer-related discussions. Numerous studies show that there is a lack of communication between a

variety of couples regarding a variety of certain topics, such as sex, death, disease progression, and general fears/emotions (Badr & Taylor, 2006; Boehmer & Clark, 2001; Manne et al., 2005; Reblin et al., 2019; Yu & Sherman, 2015). Other studies have demonstrated what this avoidance can do to a relationship (Kershaw et al., 2008; Porter et al., 2005; Yu & Sherman, 2015). These studies emphasize the need for there to be further research as to why these topics are avoided by couples and what further implications avoidant communication may have on couples if they continue to avoid talking about such topics.

## **Summary**

Previous literature has demonstrated that cancer patients' and their spouses avoid certain cancer-related topics, including changes in sex life, cancer progression, and fears surrounding cancer diagnosis/treatment (Badr & Taylor, 2006; Boehmer & Clark, 2001; Garos et al., 2007; Goldsmith & Miller, 2014; Reblin et al., 2019; Yu & Sherman, 2015). However, further research into why certain topics are avoided is necessary given the associations between avoidant communication and psychological distress, intimacy, quality of life, and physical well-being (Kershaw et al., 2008; Manne et al., 2005; Manne et al., 2010; Manne et al., 2014; Porter et al., 2005; Yu & Sherman, 2015). The main goal of this study was to build upon previous research and investigate avoided topics to de-stigmatize cancer discussions and improve communication between couples. Thus, the following research questions reflected the goal of this study by inquiring about why cancer-related topics are avoided and how avoidant communication impact a romantic relationship.

**RQ1:** Why are some cancer-related topics avoided by couples?

**RQ2:** How does avoidant communication impact a couple's relationship?

## **Method**

To examine the questions, pre-existing video interviews with various male cancer patients and cancer survivors were used to collect data. The interviews were not conducted by the researcher of this study. The interviews were chosen from a public website, [Cancerdudes.com](http://Cancerdudes.com). This website is a public resource for anyone going through cancer diagnosis/treatment, directly or indirectly, but caters to men specifically. Men provide their personal experiences regarding cancer and certain topics, such as family, romance, coping, etc., via pre-recorded videos. The extensive amount of detailed information provided by the men on this website was the motivation behind extracting data from this website.

## **Participants**

The interviews chosen to be analyzed were done so based on the content they contained – all chosen interviews described details about participants/ struggles with communication issues within their romantic relationships, and the implications this had on their relationships. All participants were male and were in some form of heterosexual romantic relationship (i.e., married, boyfriend/girlfriend) during their cancer treatment.

The first interview that was analyzed is by Greg (names changed for confidentiality). Greg discussed what topics he refrained from talking about with his loved ones, specifically his wife. His wife was very supportive of him during his cancer treatment, yet he still found himself eluding certain topics. He then explains why he felt he had to avoid these topics and the impacts it had on his relationships.

The second interview was with Lenard who describes how cancer can bring about closeness or distance in a relationship. He uses examples from his personal relationships that demonstrate this concept, including a previous relationship that ended due to the responsibilities required of him by his cancer treatment.

The third interview covered how gender roles impact disclosure levels among male cancer patients. Peter recalls experiences involving other males and vulnerability, and how these experiences shaped his perceptions of emotional vulnerability as a male. The fourth interview is with Joel, where he discusses how his transition out of the military, along with lack of communication about his cancer treatment, ultimately lead to a divorce.

### **Thematic Analysis**

From the video interviews, thematic coding analysis was conducted to extract various themes found. Thematic coding consists of becoming familiar with a data set and identifying distinct and reoccurring characteristics in the set. From these reoccurring characteristics, a theme is extracted, and labeled in a way that best exemplifies what the characteristics portray (Braun & Clarke, 2006; Scharp & Sanders, 2018). Thematic coding analysis was chosen as the method for data analysis for this study because of its flexible nature – it allows for key, distinct features of qualitative data to be featured and reserves space for differences within data (Braun & Clarke, 2006; Scharp & Sanders, 2018). In this study, the video interviews were watched numerous times and prominent themes were noted. Notes from all the videos were compared and similarities and differences between them were acknowledged. Videos were to expand on these themes and organize data into categories.

### **Emergent Themes**

From these interviews, two themes were identified. One of these themes, titled Rationale, is related to the first research question of why couples choose to avoid certain cancer-related topics. Within this theme, the data was organized into three categories: personal feelings, control of the external environment, and past experiences. This theme, and its categories, were extracted due to participants providing some examples of topics that were avoided within their romantic relationships, in addition to an explanation as why this occurred.

The second theme observed was the impact that conversations about cancer (or lack thereof) had on romantic relationships. This theme was titled Implications. The findings and the data collected from the interviews were used to organize this theme into two categories of mental health impact and relationship impact. The data within this theme described ways in which their experiences with avoidant communication and cancer impacted their mental health, either by impacting their relationship directly or by impacting their mental health.

## **Results**

### **RQ1**

In Greg's interview, he mentions several reasons why he chooses not to speak about certain topics with his wife. When describing how cancer effected his mental health, Greg says, "I didn't really share was just how much I was struggling with everything. . . and I could see with my wife, that [cancer] was impacting her in a very deep way, and it was unfair," and "My mistake was not telling [my wife] the depths of my depression and how hard it was to wake up every day. . .". Greg also recounts the feelings of guilt he felt when asking his wife for help – "I always feel so weird, I don't want to be so self-centered. . . there's a certain level of guilt, like I can never repay that," "even if I ever did [accept help], I felt guilty," and "[regarding] the depths of my despair and depression, I definitely wasn't as open. . . I feel personally that it's almost harder on the people that don't have it around you because they don't have anything tangible, they can do nothing else to help you." Greg gives revealing testimony that suggests his motivations for avoiding certain cancer-related topics stem from personal feelings of guilt and external control over the environment. It seems that he avoided certain topics because he felt guilty asking for help and wanted to protect his family from his depression.

In Peter's interview, he discusses why men do not talk about their emotions; he also refers to his childhood experiences of not having a male figure that was able to talk about his feelings. He gives the example of his grandfather who, "He was too tough, and he didn't want to tell anybody he was feeling anything," and his father who "felt nothing. . . for a guy like him to try any kind of therapy was not going to happen." Peter's interview accounts for how past experiences can impact avoidant communication. It suggests that family traditions, social norms, and gender expectations also play a role in avoidant communication.

## **RQ2**

The second research question, "How does avoidant communication impact a couple's relationship." The interviews suggested brief answers to this question, but not much detail was provided. Lenard describes his previous relationship in his interview. The relationship ended due to conflicting wants/needs caused by cancer – "[My girlfriend] was really supportive, incredible, but that's just not what I needed at the time. . . I felt like she felt like I was pushing her away, when I was trying to focus on myself. . . so that obviously didn't last." From Lenard's interview, I gathered that the demands that cancer put onto Lenard caused him to be avoidant, which then hurt the relationship.

Joel also describes how cancer treatment and his transition out of the military caused a divorce. He says, "I did not have anyone to talk to. I think had I been more effective at the communication piece than maybe that wouldn't have had happen. . . I wish I would have included her in more conversations." I interpreted Joel's statements as cancer impacting the relationship and mental health— it seems that Joel felt abandoned, implying that maybe the relationship was not strong, but also felt lonely going through the process.

In Greg's interview, he stated that "he [regretted] not telling [his wife] the depths of [his] depression," in addition to "I didn't really share was just how much I was struggling with everything. . . and I could see with my wife, that [cancer] was impacting her in a very deep way, and it was unfair." From these quotes, it implies that while Greg's cancer did impact his mental health, him and his wife were still able to work through it.

## **Emergent Themes**

One theme that emerged from the data was why men avoided discussing with their partners about cancer-related topics. This theme was present within the first two interviews with Greg and Peter. Within this theme, there were three categories. The first category was personal feelings and was shown by Greg when he discusses he own personal feelings of guilt and depression. For example, "even if I ever did [accept help], I felt guilty," and "[regarding] the depths of my despair and depression, I definitely wasn't as open. . . I feel personally that it's almost harder on the people that don't have it around you because they don't have anything tangible, they can do nothing else to help you."

The second category was control of external environment. The meaning of this category is the interviewee attempted to control what others felt regarding cancer, which Greg shows when he discusses wanting to not impact his wife with his cancer diagnosis and not wanting to see her struggle -- "I didn't really share was just how much I was struggling with everything. . . and I could see with my wife, that [cancer] was impacting her in a very deep way, and it was unfair." Lenard also indicated that he avoided communicating with his girlfriend at the time due to wanting to focus on himself; "She felt like I was trying to push her away when I was just trying to focus on myself. . . I wanted to focus on myself and what I was going through, instead of a relationship. . . I think she felt like I couldn't put in the time and effort to keep that relationship alive."

The last category is past experiences. Peter demonstrates this when he discusses the experiences with his grandfather and father, and how their lack of communication taught him not to communicate — "[My father] felt nothing. . . for a guy like him to try any kind of therapy was not going to happen. .

. There were days where I didn't want visitors, it wasn't her, it wasn't family, I just wanted to be alone. . . and I think she felt like I was pushing her away.”

Within their video interviews, participants gave personal examples that explain their reasoning behind avoiding certain topics that were related to their cancer diagnosis/treatment experience. Using these examples, the theme Rational was derived, along with its three subcategories.

### **Implications**

The other theme seen within the data was how the marital relationship was impacted by cancer. Within this theme there were two categories of mental health impact and relationship impact. Lenard's interview suggested that cancer took away the time needed to maintain a relationship, suggesting that this was a major cause of the breakup; “I felt like she felt like I was pushing her away, when I was trying to focus on myself. . . so that obviously didn't last.”

Greg also described how his avoidance towards discussing his depression impacted his wife; “The other thing I really didn't share was how much I was struggling with everything because I didn't want everyone to be worried about me, and I could see with my wife that it was really impacting her in a very deep way. . . there is still lasting impact with her with [my depression]. It was a very heavy experience. It was not easy.”

Joel also discusses how lack of communication, in combination with a transition out of the military, also ended a relationship. Based on the interpretation of Joel's statements, it was believed that cancer impacted his mental health and the relationship itself. This was best shown by this statement from Joel: “I did not have anyone to talk to. I think had I been more effective at the communication piece than maybe that wouldn't have had happen. . . I wish I would have included her in more conversations.”

### **Discussion**

The data gathered from the interviews is consistent with previous findings regarding topic avoidance and implications it has on a romantic relationship. The rationale given by the participants for their topic avoidance included personal feelings, external control, and past experiences. Boehmer and Clark (2001) found that shame and guilt were reasons why their male participants did not communicate about topics such as emotions and sex, which resembled the testimony given by Greg. Boehmer and Clark (2001) also observed that self-protection, and the protection of a spouse, were reasons why cancer-related topics were avoided, which mirrors the data extracted from Greg's and Lenard's interviews. As for the last subcategory of the Rationale theme, past experiences, no findings were found in the context of cancer patient-spousal dyads. However, Peter's testimony regarding avoidant communication and past experiences is consistent with previous research regarding men, social support, and mental health (McKenzie et al., 2018; Vogel et al., 2014).

The findings concerning implications of topic avoidance were also consistent with previous findings. Topic avoidance impacted both Lenard and Greg's relationships with their partners, which was also demonstrated with previous studies regarding intimacy and relationship maintenance (Manne et al., 2010; Manne et al., 2014; Porter et al., 2005). Topic avoidance has also been associated with other health implications, such as psychological distress, quality of life, and physical well-being, which was also shown by Joel and Greg's testimony (Kershaw et al., 2008; Porter et al., 2005; Yu & Sherman, 2015).

The main goal of this study was to build upon previous research and investigate avoided topics to de-stigmatize cancer discussions and improve communication between couples. Given the data that was extracted from the interviews, this study was successful in doing so. The findings do build upon the limited previous research as to why some cancer-related topics are avoided by couples suffering from cancer. One strength of this study was its access to detailed, personal interviews regarding topic avoidance and implications that it has on a relationship. Similar to Boehmer and Clark's (2001) study, which utilized in-person interviews, the participants were able to give more context regarding the nature

of their answers, which allowed for a broader range of interpretation. The broader interpretations of that data aided in the answering of both research questions.

### **Limitations and Future Directions**

The most significant limitation to this study was the limited number of interviews analyzed. A total of four interviews were analyzed, totaling to ten-minutes in length. If more interviews are analyzed or the interviews were longer, more data pertaining to the research questions could have been analyzed, which would have contributed to the emergent themes and their subcategories or presented additional themes altogether. Additionally, the sample was strictly male cancer survivors, and their partners were not interviewed. If both patient and partners were interviewed, more data pertaining to *perceived* topic avoidance may have been gathered, which has shown to also impact a relationship (Manne et al., 2014; Porter et al., 2005). However, the findings of this study will still be valuable for future research. This study was successful in building upon the limited previous research as to why some cancer-related topics are avoided by couples suffering from cancer. The emergent themes and their subcategories can provide future research an idea of what cancer-related topics are avoided, why they are avoided, and how this impacted a romantic relationship, specifically for male cancer patients. Future research concerning these topics are still needed, however. Cancer is certainly a stressor to romantic relationships by itself, but the added stress of avoidant communication contributes to this stress even more (Kershaw et al., 2008; Porter et al., 2005; Yu & Sherman, 2015). Additionally, this study urges for more research within the realm of marital relationships, given how involved spouses can be in the cancer treatment process (Figueiredo et al., 2004; Zhang & Siminoff, 2003).

### **Conclusion**

This study used pre-recorded interviews to determine why certain cancer-related topics are avoided and what implications it has on romantic relationships. From the data two emergent themes are noted, Rationale and Implications. These themes also contained subcategories that aided in the categorization of the data. One of the most significant takeaways from this study was that future research is needed within this area, and future research can build upon these findings to understand why cancer patient-spousal dyads partake in topic avoidance, and what this can potentially mean for their romantic relationships.

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