The Effects of Symptoms of Cancer and Treatment on a Couple’s Expressions of Intimacy within Their Relationship: A Literature Review

Shannon E. O’Leary, UB Student Nurse  
Janice Cooke Feigenbaum, Ph.D., RN  
School of Nursing, University at Buffalo, The State University of New York

Background

Cancer and cancer treatment have an incredible effect on patients and their family’s lives, and this includes the patients’ relationship with their spouse or partner.

Nurses regularly assess patients biopsychosocial needs, except for their sexual concerns. This focus has been recognized as the “final frontier for nursing.”

Patients and their partners have questions regarding sexuality and intimacy. However, for many reasons, they do not bring them to their healthcare providers.

Methods

Initially, a database search of CINAHL and PsychINFO was conducted with a nursing librarian using the search terms intimacy, sexual, neoplasia, cancer, spouse, caregiver, quality of life, and survivors, yielding few relevant nursing articles.

Three oncology nursing journals - European Journal of Oncology Nursing, Oncology Nursing Forum, and Cancer Nursing - were individually searched using the search term “sexual”, and the relevant articles were reviewed. Articles were also obtained from the reference lists of relevant articles, as well as articles listed as similar to those being searched.

Data on each of the reviewed articles, including purpose, population, key findings and nursing implications, were entered into a matrix. Then, the data were analyzed to identify similarities and differences within the articles.

Results

The data collected identified a significant gap in nursing research and literature. Very few published articles have addressed the critical issue of the effects of non-reproductive/sexual cancer and cancer treatment on couple’s expressions of intimacy.

This reality means that no evidenced based guidelines regarding caring for couples experiencing the effects of non-reproductive/sexual cancer and cancer treatment on their expressions of intimacy have been delineated.

The review of the collected materials identified a few key points which nurses should consider when caring for these couples. These points include:

1. A diagnosis of cancer can either positively or negatively impact the perceived quality of a couple’s sexual relationship.
2. 76% of partners of patients with a “nonreproductive” cancer and 84% of partners of patients with a “reproductive” cancer reported their sexual relationship had been affected by the diagnosis.
3. More than half of patients have questions or concerns regarding sexuality, but only a small percentage of them had spoken with their physician regarding this issue.
4. While believing sexuality is a significant aspect of health, nurses and physicians have difficulties addressing this issue.
5. Adolescents and young couples often miss out on experiences their peers are enjoying, and it is critical that sexual health and fertility issues are discussed early in the diagnosis.
6. Young patients report greater issues with intimacy than sexuality.
7. 73% of young old, 53% of old, and 26% of the oldest people are sexually active.
8. Couples who are older may encounter additional long-hold relationship problems when facing cancer.
9. The unique needs of gay and lesbian couples need to be specified.
10. Some cultures value the avoidance of discussing sexuality and sexual issues, especially with strangers. This reality means that couples will not discuss their sexual issues and their needs will not be addressed.

Implications for Healthcare Professionals

The review of the limited collected materials delineated a few key points which health care professionals should consider when caring for these couples. These points include:

1. Many patients want to talk about intimacy concerns with healthcare professionals, but are hesitant to bring it up.
2. Most nurses agree that addressing sexual concerns is a part of offering holistic care, yet do not bring up the topic, citing lack of knowledge and/or feeling uncomfortable about discussing the topic.
3. Nurses can help patients cope with intimacy issues by addressing and discussing them early in the disease trajectory.
4. Health care professionals should address this topic by using open ended questions, such as “Sexually, how are things going? What sexual changes have you noticed?”

A number of models are available for evaluating sexual dysfunction. PLISSIT, The most commonly used model is PLISSIT.

PLISSIT

P - Permission
LI - Limited Information
SS - Specific Suggestions
IT - Intensive Therapy

Limitations

This study had a number of limitations in assessing data:

- Most research on the effects of cancer and cancer treatment on couples' expressions of intimacy is based on cancer survivors, especially breast cancer.
- Most research has been conducted on heterosexual married couples.

Future Research

Much research on the topic of intimacy and cancer is needed. Additionally, a few key areas should be the focus of future studies:

- The impact of cancer treatment on the couple as a whole and how it affects their expression of intimacy.
- The delineation of evidence-based approaches to caring effectively for couples experiencing issues related to the effects of cancer and cancer treatment on their expressions of intimacy.
- The impact of non-sexual cancers on intimacy.
- Unmarried gay and lesbian couples’ ability to renegotiate intimacy after a cancer diagnosis.
- Couples, who are 65 years and older, and their adjustment to cancer and treatment.