

Intimacy and it's Restoration in the Couple affected by Cancer

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What is Intimacy?

“ When you care about someone so much that you’re willing to let them know every aspect of life, good or bad, and know that they’re not going to hurt your feelings with that information. Being able to and wanting to open yourself up to another and the other wanting to do the same for you. ”

Mike A.



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- "A quality of a relationship in which individuals must have reciprocal feelings of trust and emotional closeness, and self disclosure."
 - Other commonly named ingredients include physical contact and mutual support (e.g. Monsour, 1992)
 - Physical intimacy is not a necessary condition (Timmermann, 1991)





Attachment Theory (Bowlby, 1958)



Characteristics of Secure Attachment

As Children:

1. Able to separate from parent.
2. Seek comfort from parents when frightened.
3. Return of parents is met with positive emotions.
4. Prefers parents to strangers.

As Adults:

1. Have trusting, lasting relationships.
2. Tend to have good self-esteem.
3. Comfortable sharing feelings with friends and partners.
4. Seek out social support.



- Early attachment styles continue to guide and shape close relationship behaviour throughout life (Hazan & Shaver, 1987)
- e.g.) affects ability to give support in intimate relationships (Simpson et al, 2002)

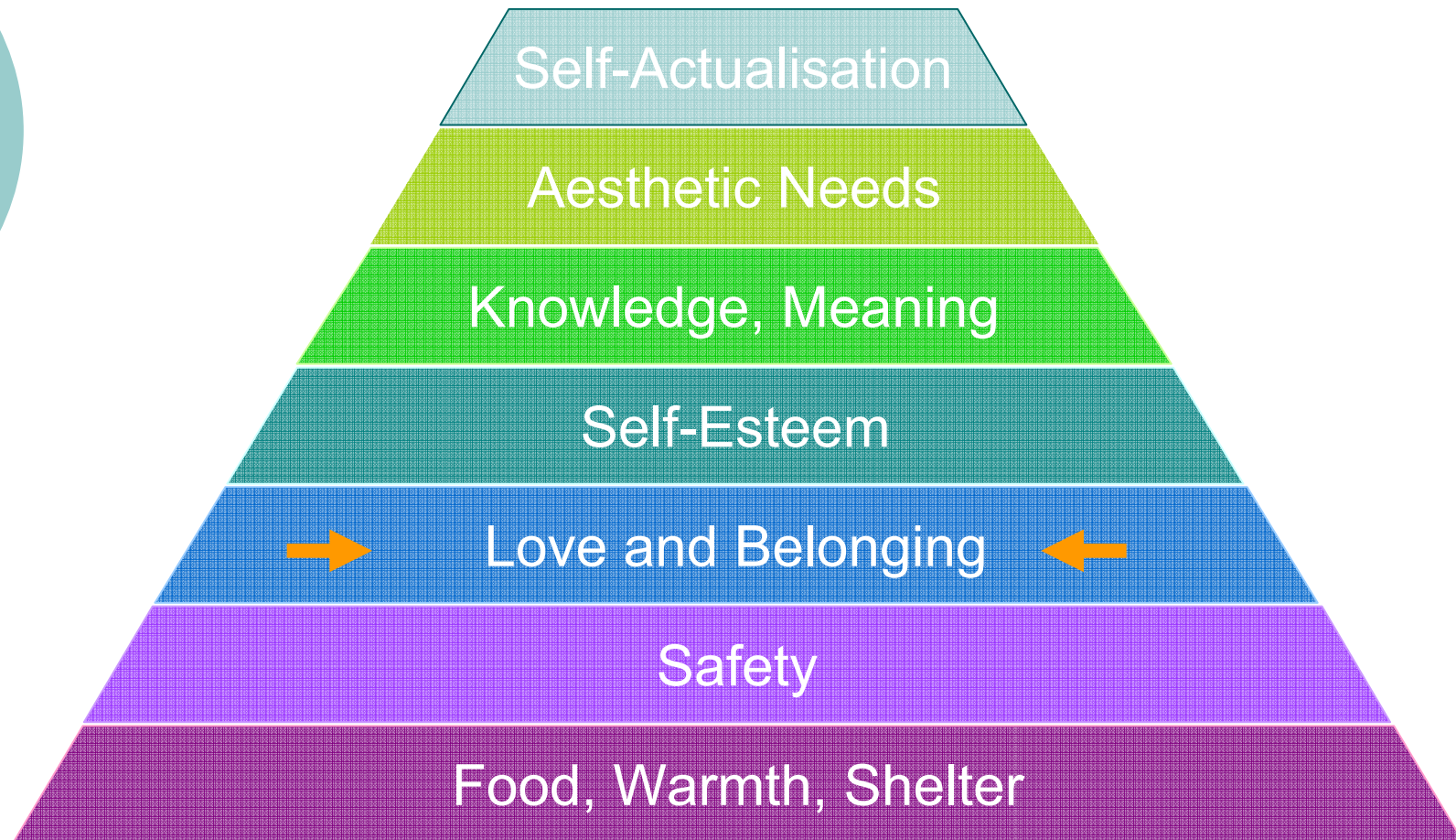


Erik Erikson's (1950) life stages

Psychosocial Crisis Stage	Life Stage	life tasks, strength
1. Trust v Mistrust	Infancy	baby, birth to walking, Hope
2. Autonomy v Shame and Doubt	Early Childhood	toddler, toilet training, Will
3. Initiative v Guilt	Play Age	pre-school, nursery, Purpose
4. Industry v Inferiority	School Age	early achievements, Competence
5. Identity v Role Confusion	Adolescence	puberty, developing sense of self, Fidelity
6. <u>Intimacy</u> v Isolation	Young Adult	finding a partner, starting a family, Love
7. Generativity v Stagnation	Adulthood	raising a family, career development, Care
8. Integrity v Despair	Mature Age	integration of life experiences, Wisdom



Maslow's Hierarchy of Needs (1943)





Why is Intimacy Important?

- Intimate relationships validate personal worth and lead to better adaptation to stress, less trauma, decreased physical symptoms, less emotional distress and depression, higher levels of well-being (Burmester & Furman, 1987, Widows et al, 2000, Brady & Helgeson, 1999, Moyer & Salovey, 1999, Komproe et al, 1997, Weiss, 1983, Northouse, 1989, Hinds, 1992, Roberts et al, 1994)
- Married individuals are happier and more satisfied with life, fewer sick days, less use of hospital facilities, less likely to have chronic health condition (Woods et al, 1989, Stack & Eshleman, 1998)



Spousal Support is Primary

- Spouse seen as most important person in social network, provides most emotional and practical support (Neuling & Winefield, 1988, Smith et al, 1985, Primono et al, 1990, Rose, 1990)
- Spousal support highly related to marital satisfaction (Ptajek et al, 2007)
- Seeking support outside of marital relationship is most beneficial as coping strategy when spouse is not supportive (Manne, 1998)
- But good helping relationship with other person does not compensate for poor spousal relationship



Survival

- Survival advantage in married patients found generally and in cancer , e.g. breast cancer (Neale et al, 1986, Neale, 1993), bladder cancer (Datta et al, 2009), prostate cancer (Denberg et al, 2005), Colorectal cancer (Johansen et al, 1996, Villingshoj et al, 2006), bladder cancer (Nelles et al, 2007), late stage cancer (Lai et al, 1999), 5 most common cancers (Goodwin et al, 1987), 12 most common cancers (Kravdal, 2000)
- Survival advantage also with non-marital relationships, well functioning social networks, presence of one or more confidantes (Villingshoj et al, 2006)
- Also non-supportive findings, eg. Ell et al, 1992 (breast confirmed but not lung or colorectal), Funch & Marshall, 1983, Jatoi et al, 2007, Villingshoj et al, 2006 (colorectal)
- Patients going through separation at time of diagnosis have worst survival rates (Sprehn et al, 2009)



Couples and Cancer

- Couples mostly able to adapt (Manne & Badr, 2008)
- Approx. 30% report tension in marriage as a result of cancer (Spanier, 1976, Friedman et al, 1988, Hannum et al, 1991, Fuller & Swenson, 1992, Macmillan, 2006)
- 40-60% of couples report relationship has become closer (Swensen & Fuller, 1992, (Dorval et al, 2005)
- Couple communication difficult even when satisfied with relationship (Lichtman et al, 1987, Vess et al, 1988, Coyne & Smith, 1991, Manne et al, 1997) – different coping styles, mutual protection, protective buffering



Marital stability

- Most studies find no increase in divorce rate (Taylor-Brown et al, 2000, Dorval et al, 1999, Carlsen et al, 2007, Joly et al, 2002, Syrjala et al, 2005, Syse & Kravdal, 2007, Langer et al, 2010)
- Increased divorce rate in cervical cancer (Carlsen et al, 2007) and female patients with serious medical illness (Glantz et al, 2009)
- Men cope better as patients but worse as partners, caregivers, etc (Baider et al, 1998, Kaplan, 2000, Byrne et al, 1989, Dorval et al, 1999, Joly et al, 2002, Maunsell et al, 1996, Rauck et al, 1999, Glantz et al, 2009)



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- Male partners more likely to use withdrawal and avoidance as coping strategy (Manne, 1998)
 - Less able to maintain support longer term (Support fatigue) (Luszczynska et al, 2007)
 - Women more distressed than men (Hagedoorn et al 2008, Blanchard et al, 1997, Pithcealy & Maguire, 2003)





What about partners?

- “Hidden Patients” suffering loneliness, isolation, role overload (Baider et al, 1998)
- Patients more distressed (Ben-Zur et al, 2001, Hoskins, 1995, Hinnen et al, 2008, Northouse et al, 1995, 1998)
- Partners more distressed than patients (Baider & Kaplan, 1988, Keitel et al, 1990, Carlson et al, 2000, Kornblith et al, 1994, Gilbar & Ben Zur, 2002, Langer et al, 2003, Northouse et al, 2000, Nordin et al, 2001)



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- Similar distress levels in patients and partners
Omne-Ponten et al, 1994, Walker, 1997, Baider & Kaplan, 1988, Baider et al, 1998, Baider & Denour, 1999, Baider et al, 1995, Oberst & Scott, 1988, 1996, Kaplan & Baider, 1994, Northouse, 1988, Carter et al, 1993, Northouse et al, 1995, Northouse & Swin, 1987, Northouse et al, 2001, Mullen et al, 1993)





- Overall evidence of similarity in distress response, Couple reacts as emotional system (Hagedoorn & Coyne, 1998, Hagedoorn et al, 2008)
 - As one partner becomes distressed, so does the other (Manne, 1998, Kaye & Gracely, 1993)
 - Coping strategies used by one affect adjustment of other (Ptajek et al, 1994, Kuijer et al, 2000, Hannum et al, 1991)
- Dyadic Coping Models (e.g. Kayser & Scott, 2008, Manne & Badr, 2008) – coping as a dyadic (systemic) process which define how patient and partner manage to handle the challenge of cancer together



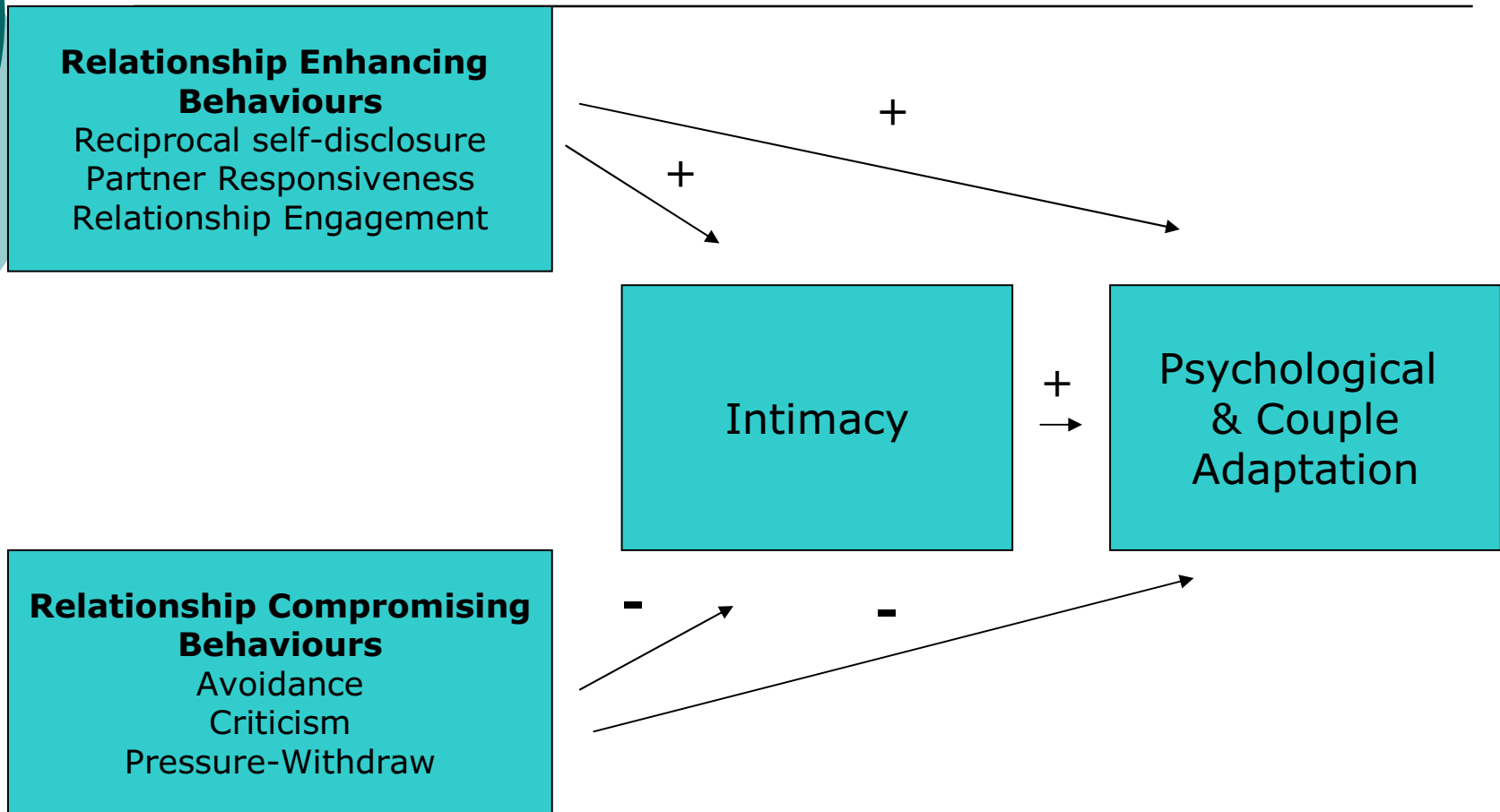


“We share decisions, we share the research. One of us isn’t running off saying ‘This is what I’m doing – I don’t care. It’s not ‘my disease’ ... It’s shared – It’s a ‘We-disease’.”

in Kayser & Scott (2008)



Relationship Intimacy Model of Couple Adaptation to Cancer



(Manne & Badr, 2008)





Helpful Strategies

- Communication, mutual disclosure of feelings linked to adaptation, understanding, problem solving, role re-allocation, increased QoL (Carlson et al, 2000, Manne et al, 2004, 2006)
- Acceptance of different perspectives, coordination of efforts, emotional and problem focused coping (Kayser et al, 2007)
- Acknowledging own distress (Zunkel, 2002)
- Daily communication, solidarity, task redistribution, faith in partner's capabilities, joint problem solving, giving and receiving emotional support, dealing with stressors as a couple (Bodenmann et al, 2006)





Less Helpful Strategies

- Holding back concerns (Pistrang & Barker, 1995)
- Criticism and withdrawal (Manne et al, 1997)
- Physical Avoidance, avoidance of communication (Ptacek et al, 2004, Manne et al, 2006, Hinnen et al, 2007)
- Demand-Withdrawal (Manne et al, 2006)
- Minimising (Zunkel, 2002, Hinnen et al, 2007, Manne et al, 2007))
- Forced cheerfulness (Hinnen et al, 2007, Manne et al, 2007)
- Protective Buffering (Bodenmann, 2005)



Screening



- e.g. Relationship happiness and satisfaction, spousal and general support network, how is partner coping and who is supporting partner, how coping as a couple (Manne et al, 1998, Morgan, 2008)
- Couples at risk (Manne et al, 1998), e.g.
 - female patient
 - premorbid relationship difficulties
 - isolated or overwhelmed partners
- Onward referral early on (Ko et al, 2005, Hinnen et al, 2007, Morgan, 2008, Manne, 1998)





Specialist Intervention


- Usually delivered by psychology or social work
 - 1 – 2 format, some groups
 - Mostly for female cancers
 - 4-6 sessions
 - Content: communication, cancer as shared problem, problem solving, understanding and respecting coping styles, assessing their effectiveness, relationship maintenance, sexual counselling
 - Promising Outcomes: problem-solving, dyadic coping, distress, relationship satisfaction
- (Christensen, 1983, Scott et al, 2004, Kayser, 2005, Widmer & Bodenmann, 2005, Manne, 2007, Kayser & Scott, 2008, Rowland et al, 2009)



What can we do?

- Interventions that include partners likely to be more beneficial than only targeting patients (Manne, 1998, Matire et al, 2004)
- Couple as “Patient Team” (Morgan, 2008)
- Encourage dyadic coping, cancer as “We-illness”, see patients together but also give time alone to express concerns
- Confirm emotional support as aspect of coping, recognise that spouse also needs support
- Information about different coping styles
- Encourage discussion of feelings, accepting help
- Equity in Relationship
- Relationship maintenance





What's sex got to do with it?

Intimacy & Sexuality

- Intimate relationships don't have to include sexual intimacy
- Strong societal messages that possible to have sex without true intimacy vs (emotional) intimacy as precondition for sexual activity (Byers, 2001, Rust et al, 1988)
- Marriages/Couple relationships assumed to include both
 - Strong correlation between marital satisfaction & desire (Brezsnyak & Whisman, 2004)
 - Sexual dysfunction associated with distress and poor marital adjustment (Badr & Taylor, 2008), contributing to ending of relationships (Schover & von Eschenbach, 1985)



Intimacy & Sexuality



- Sexual Satisfaction not needed for marital satisfaction if communication is good (Litzinger & Gordon, 2005)
- For Couples who have poor communication, good sex partially compensates
- Improved sexual function leads to improved quality of interactions & relationship satisfaction (Mueller et al, 2001, Verheyden et al, 2009)



Evidence of Dyadic Effects



- Partners' sexual dysfunctions are interrelated, as one is developed, other partner may develop corresponding difficulty, and as one improves, other may improve (Basson et al, 1994, Cayan et al, 2004, Shindel et al, 2005, Badr & Taylor, 2008)
- Prostate cancer patients whose partners have good sexual functioning do better (Schover et al, 2002)
- Couples tend to stop talking about sex, but good communication is positively related to spousal adjustment (Badr & Taylor, 2008)
- Drop out of Tx associated with lack of partner involvement (Baggeley et al, 1998, Klotz et al, 2005, Davidson et al, 2005)



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- Importance of ensuring treatment acceptability to both (McCarthy, 2001)
 - Supportive relationship and attending as a couple makes positive treatment outcomes more likely (Gilbert & Shmukler, 1996, Hirst & Watson, 1997, Crowe & Ridley, 2000)
 - Increasing call to involve partners in treatment (e.g. Riley, 1998, McCarthy, 2001, Dunne, 2004, Taylor & Cormack, 2005, Badr & Taylor, 2008)

“ Sex is more than just intercourse, the man is more than his penis and arousal is more than vasocongestion” (McCarthy, 2001)





"We weren't interviewed together.. because they seem to have this idea that this is a man's problem, but it's not a man's problem, it's a couple's problem, and how the woman feels should come into it, too."

"Sometimes we go to bed and I think I'll go to sleep and then I realise that he's making overtures.. He's sort of trying to get me to want sex.. And then I'll say "Have you taken the pill?" He'll say "Of course I've taken the pill, what do you think?" And I'll say "Well, I had no idea and I've asked you not to take it unless we have discussed it. Then he'll say "Well, I don't have to have your permission to take it"... There are times when it happens like that and we don't speak for 24 hours." (in Potts et al, 2003)

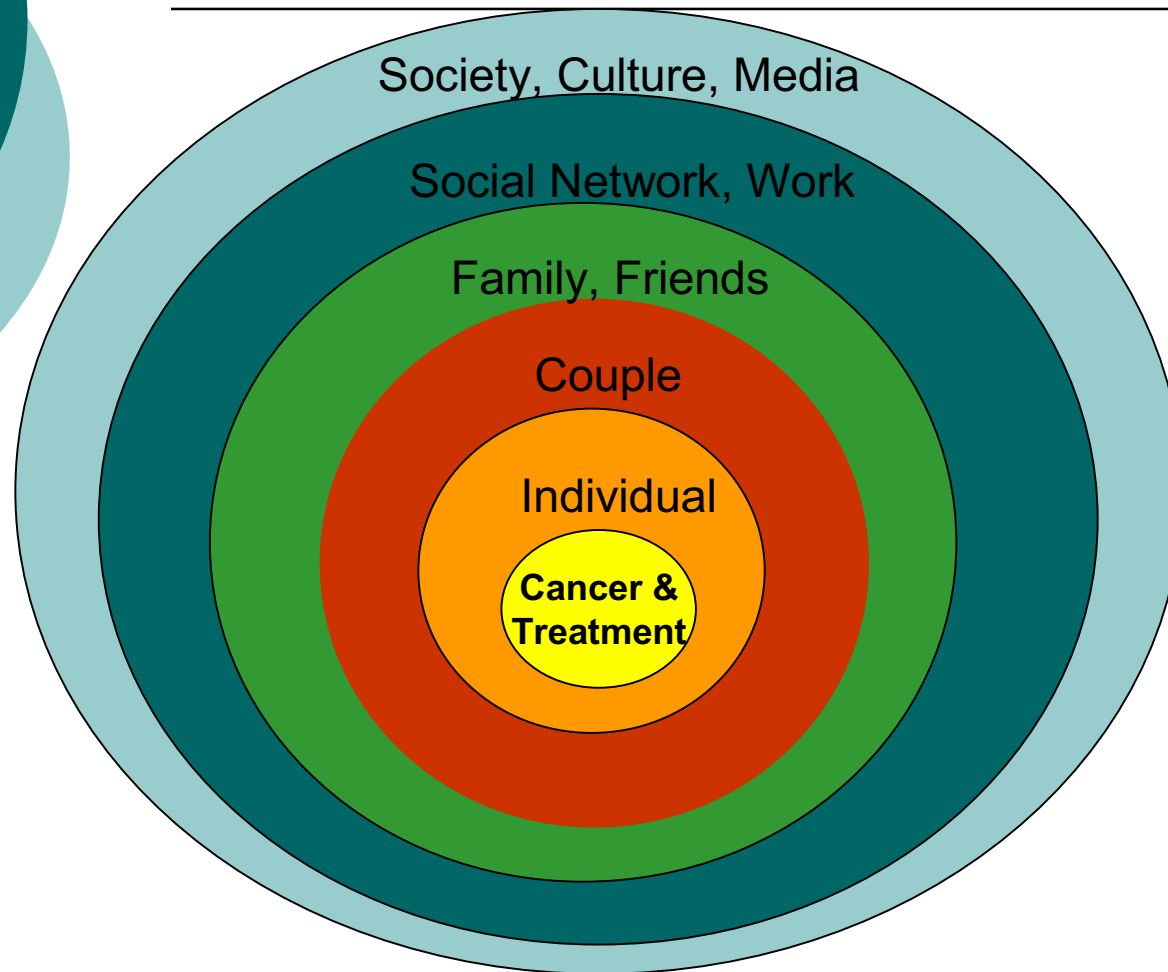




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- Increasing awareness of inadequacy of reductionist biomedical model
 - “Overcoming the challenges of Erectile Dysfunction is rarely as simple as restoring erections through use of assistive aids” (Beck et al, 2009)
 - Restoration of couple’s intimacy & relationship vital to re-establishing erectile function (Dunn, 2004)
 - Important role of cognitive, emotional & interpersonal factors in erectile dysfunction (Ackerman & Carey, 1995, Dunne, 2004, Nobre, 2010)
 - Discontinuation of treatment attributed to clinician’s failure to address psychological & interpersonal factors (Althof, 2003)



Biopsychosocial Model of Sexual Functioning



Earlier Life Experiences
Personality
Coping Style & Strategies
Resources
Information

For recent review see
McCabe et al (2010)



Multimodal Therapy



Improved treatment outcomes & importance of biopsychosocial assessment and multidisciplinary treatment approach (e.g. Hawton, 1998, Althof, 2010, Hatzichristou et al, 2010, Melnik et al, 2008, Garos et al, 2007, Abdo et al, 2008, Lottman et al, 1998, Stanley & Althof, 2010)



What can we do?

- Reach out across professional divide
- Work with Couple
- Think about predisposing, precipitating, maintaining and contextual, psychological, interpersonal and practical factors
- Consider role of anxiety and depression
- Intimacy & Communication
- Encourage sensuality, extended foreplay, focus on pleasure rather than set sexual script
- Address unrealistic sexual expectations
- Establish new sexual repertoires, alternatives to intercourse

McCarthy (2001), Dunne (2004), McCabe et al (2010)



PLISSIT Model of Addressing Sexual Functioning (Annon, 1974)

Couple Focus

Giving patients permission to raise issues of couple coping

Giving patients limited information about the Importance of intimacy and joint coping

Making specific suggestions based on assessment of current couple coping/social support

Referral to intensive therapy (includes psychology, counselling or social work, Couple/family therapy)

Permission

Limited Information

Specific Suggestions

Intensive Therapy

Giving patients permission to raise sexual issues

Giving patients limited information about sexual side-effects of treatments

Making specific suggestions based on a full evaluation of presenting problems

Referral to intensive therapy (includes psychological interventions, sex therapy and/or biomedical approaches)



Any Questions or Comments?



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