

FEATURE ARTICLE

Couples Surviving Prostate Cancer: Long-Term Intimacy Needs and Concerns Following Treatment

Sharon Sanders, MA, Leli W. Pedro, RN C, DNSc, OCN®,
Erin O'Carroll Bantum, MA, and Michael E. Galbraith, RN, PhD

Couples surviving prostate cancer face long-term challenges in their relationships as they adapt to chronic illness. Ten couples surviving prostate cancer were brought together in a focus group to discuss their experiences and concerns regarding intimacy in their relationships. During three 30-minute segments, couples described their experiences (a) as couples, (b) as individual men and women in two concurrent break-out groups, and (c) regarding current intimacy and relationship needs. Questions asked of couples focused on (a) the process of being diagnosed and treated for prostate cancer, (b) what the experience was like for them as a couple, (c) what was helpful, harmful, and surprising throughout the experience, (d) what they currently needed most as a couple, and (e) what advice they had for other couples. Findings suggested that men and women think and respond differently to intimacy and relationship challenges that occur as a result of prostate cancer, diagnosis, and treatment. Consequently, healthcare providers in any clinical setting who may interact with prostate cancer survivors must consider the relationship and intimacy needs that are unique to men, women, and couples.

The American Cancer Society (2006) reported that prostate cancer accounts for an estimated 33% of all cancer cases among men. Although research has established that prostate cancer and treatment impact men in physical, psychological, and emotional ways (Fan, 2002; Galbraith, Archiga, Ramirez, & Pedro, 2005; Jakobsson, Hallberg, & Loven, 2000; Skerrett, 2003), more studies have explored the effects of a diagnosis of prostate cancer and its treatment on couples (Crowe & Costello, 2003; Malcarne et al., 2002). Of specific interest has been the effect on relationships between patients with cancer and their partners in terms of sexuality and communication (Crowe & Costello; Harden et al., 2002; Navon & Morag, 2003).

Physical symptoms resulting from treatment for prostate cancer can affect men and their partners in many ways (Althof, 2002). Impotency rates from radical prostatectomy most commonly range from 15%–40% (Bates, Wright, & Gillatt, 1998; Mirone, Imbimbo, Palmieri, Long, & Fusco, 2003). However, as many as 80% of men reported erectile problems even though nerve-sparing procedures were used (Catalona, Carvalhal, Mager, & Smith, 1999; Debruyne & Beerlage, 2000). Incontinence often is reported as a problem, with especially high rates immediately following surgery (Drachenberg, 2000; Jani & Hellman, 2003). External-beam radiation treatment can injure the pelvic bed and neurovascular bundles, causing erectile dysfunction in 6%–84% of patients. In addition, 25%–65%

At a Glance

- ◆ Chronic illness impacts quality of life and relationships, including among couples who have survived prostate cancer.
- ◆ Men and women in focus groups expressed different concerns, and couples agreed that tailored interventions would be helpful.
- ◆ Oncology nurses have communication skills and cancer knowledge to coach couples dealing with prostate cancer to express intimacy and communication needs.

Sharon Sanders, MA, is a doctoral student in the Department of Psychology at Loma Linda University in California and an instructor in the Department of Psychology at California State University, San Bernardino; Leli W. Pedro, RN C, DNSc, OCN®, is an assistant professor in the School of Nursing at the University of Colorado at Denver and Health Sciences Center; Erin O'Carroll Bantum, MA, is a doctoral student in the Department of Psychology at Loma Linda University and a resident in psychology at the Madigan Army Medical Center in Tacoma, WA; and Michael E. Galbraith, RN, PhD, is an associate professor in the School of Nursing at the University of Colorado at Denver and Health Sciences Center. No significant financial relationship to disclose. (Submitted August 2005. Accepted for publication October 30, 2005.)

Digital Object Identifier: 10.1188/06.CJON.503-508