

'HE'S MY ANCHOR': A QUALITATIVE STUDY ON SPOUSAL SUPPORT FOR WOMEN UNDERGOING CANCER TREATMENT

¹*Rohaida A.Rahmat

¹Institute of Teacher Education Malaysia, Campus of Kota Bharu, Kelantan, Malaysia.
Email: rohaidarahmat@yahoo.com

*Corresponding Author: (rohaidarahmat@yahoo.com)

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Abstract

Keyword:

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This qualitative study explores the multifaceted role of spousal support in the cancer journey of women, examining how intimate partnerships influence treatment adherence, psychological well-being, and quality of life during cancer treatment. A phenomenological approach was employed, conducting in-depth semi-structured interviews with 24 women currently undergoing or recently completed cancer treatment. Participants were recruited from three oncology centers and ranged in age from 32-67 years with various cancer types. Thematic analysis was used to identify recurring patterns and meanings in participants' experiences. Four primary themes emerged: (1) Emotional Anchoring - spouses providing psychological stability during treatment uncertainty; (2) Practical Navigation - assistance with medical appointments, medication management, and daily activities; (3) Identity Preservation - helping maintain sense of self beyond the patient role; and (4) Advocacy and Communication - serving as intermediaries with healthcare providers and family members. Participants consistently described their spouses as essential "anchors" providing stability during the tumultuous cancer experience. Spousal support represents a critical but underutilized resource in cancer care. Healthcare providers should systematically assess and integrate spousal support systems into treatment planning. Future interventions should focus on enhancing spousal coping skills and communication strategies to optimize patient outcomes.



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Introduction (12pts)

Cancer diagnosis represents one of life's most profound disruptions, fundamentally altering not only the patient's existence but also the entire family system (Northouse et al., 2020). For women facing cancer, the disease creates unique challenges that intersect with traditional gender roles, caregiving responsibilities, and societal expectations about feminine identity and strength (Kahle et al., 2021). The

diagnosis often occurs during critical life phases - whether during childbearing years, career development, or later life transitions - making the disruption particularly complex and multifaceted.

The experience of cancer extends far beyond medical treatment, encompassing psychological, social, spiritual, and practical dimensions that require comprehensive support systems (Ferrell et al., 2019). While healthcare providers focus primarily on biological aspects of treatment, patients and families navigate a parallel universe of emotional upheaval, relationship strain, financial pressures, and existential questioning. This broader cancer experience often determines treatment success as much as medical interventions themselves, yet remains inadequately addressed in traditional biomedical approaches.

Within the constellation of support systems available to cancer patients, spousal relationships occupy a particularly significant position due to their intimate nature, daily presence, and long-term commitment (Regan et al., 2022). Unlike friendships or extended family relationships that may fluctuate based on geographic proximity or life circumstances, marital partnerships typically provide consistent, multifaceted support throughout the cancer journey. The spouse often becomes the primary caregiver, medical advocate, emotional confidant, and practical coordinator, roles that require tremendous adaptation and resilience.

Research has consistently demonstrated that social support, particularly from intimate partners, significantly impacts cancer outcomes including treatment adherence, symptom management, psychological adjustment, and overall survival (Hinnen et al., 2018). However, much of this research has been quantitative in nature, focusing on measurable outcomes rather than exploring the lived experiences and meanings that women attribute to spousal support. Understanding the qualitative dimensions of this support - how it feels, what it means, and how it functions in daily life - provides essential insights for healthcare providers, families, and policy makers. The gendered nature of cancer experience and support also warrants specific attention, as women often serve as primary caregivers for others while simultaneously managing their own health challenges (Thompson et al., 2021). When women become cancer patients, traditional family dynamics may shift dramatically, requiring spouses to assume unfamiliar roles while women learn to accept care rather than provide it. These role reversals can create both opportunities for growth and sources of tension within relationships, making the exploration of spousal support particularly complex and important for women's cancer experiences.

Problem Statement

Despite advances in cancer treatment and survivorship care, women with cancer continue to experience significant psychosocial distress, treatment-related complications, and reduced quality of life that extend far beyond the immediate medical aspects of their disease (American Cancer Society, 2023). While medical interventions have improved dramatically over recent decades, the supportive care needs of cancer patients - particularly the critical role of family support systems - remain inadequately understood and underutilized in clinical practice. This gap between medical advancement and psychosocial support represents a significant problem in contemporary cancer care.

Current healthcare delivery systems typically focus on individual patients as the primary unit of care, often overlooking the complex relational dynamics that profoundly influence treatment outcomes (Badr et al., 2020). Spouses and intimate partners, who frequently serve as primary caregivers and support providers, are often viewed as secondary participants in the cancer journey rather than integral components of the care team. This individualistic approach fails to recognize that cancer is fundamentally a relational experience that affects entire family systems, particularly the marital dyad where daily life, emotional intimacy, and practical responsibilities intersect.

The problem is further complicated by the gendered nature of cancer support, as women typically serve as family caregivers and emotional coordinators even while managing their own serious illness (Kim et al., 2019). When women develop cancer, they must navigate the dual challenge of receiving care while maintaining their traditional caregiving roles, often leading to role confusion, guilt, and inadequate self-care. Additionally, research on cancer support has historically focused on caregiver burden and strain rather than exploring the positive, meaningful aspects of spousal support that contribute to resilience and healing. This deficit-focused approach limits our understanding of how supportive relationships can be leveraged to enhance treatment outcomes and quality of life.

Literature Review

The relationship between social support and cancer outcomes has been extensively documented in oncology literature, with numerous studies demonstrating significant associations between support availability and various health indicators (Usta, 2022). Meta-analytic reviews consistently show that cancer patients with strong social support systems experience better treatment adherence, reduced psychological distress, improved immune function, and longer survival rates compared to those with limited support networks. However, most research has employed quantitative measures that capture the presence or absence of support rather than exploring the subjective meanings and experiences that give support its therapeutic value.

Spousal support in cancer care represents a particularly complex phenomenon due to the multifaceted nature of marital relationships and the various types of support they can provide (Traa et al., 2021). The literature identifies several distinct categories of spousal support, including emotional support (empathy, caring, love), instrumental support (practical assistance with tasks), informational support (advice, guidance, information sharing), and appraisal support (feedback, affirmation, reality testing). Research suggests that the most effective spousal support involves a dynamic combination of these elements, tailored to the patient's changing needs throughout the cancer trajectory. However, the process by which spouses learn to provide appropriate support and how patients experience this support remains poorly understood.

Gender differences in cancer experience and support provision have emerged as significant factors in recent literature, with evidence suggesting that women and men both give and receive support differently (Mallampalli et al., 2020). Women typically provide more emotional and nurturing support while men tend to focus on practical problem-solving and information gathering. When women become cancer patients, these traditional patterns may be disrupted, requiring both partners to develop new skills and approaches. Research indicates that women may have greater difficulty accepting help and may continue attempting to maintain caregiving responsibilities even during treatment, potentially compromising their own recovery.

The concept of relationship quality as a mediator of support effectiveness has gained increasing attention in cancer literature (Kuijer et al., 2018). Studies suggest that pre-existing relationship satisfaction, communication patterns, and conflict resolution skills significantly influence how effectively couples navigate cancer challenges. High-quality relationships characterized by trust, open communication, and mutual respect tend to buffer against cancer-related stress, while conflicted or distant relationships may actually exacerbate treatment difficulties. This finding highlights the importance of understanding relationship dynamics rather than simply measuring support quantity or frequency.

Communication within couples facing cancer has been identified as both a critical support mechanism and a common source of difficulty (Badr et al., 2021). Research reveals that many couples struggle with

discussing fears, concerns, and treatment decisions, often leading to emotional distance and misunderstanding during a time when connection is most needed. Protective communication, where partners withhold concerns to avoid burdening each other, is particularly common but may paradoxically increase distress and reduce support effectiveness. Studies suggest that couples who develop skills in open, honest communication about cancer-related issues experience better adjustment and stronger relationships.

The temporal dimension of spousal support throughout the cancer continuum has received limited attention in existing literature, despite evidence that support needs change dramatically from diagnosis through treatment, recovery, and long-term survivorship (Otto et al., 2019). Early research suggests that support needs are highest immediately following diagnosis and during intensive treatment phases, but different types of support may be more or less important at various stages. For example, emotional support may be crucial during diagnosis while practical support becomes more important during treatment. Understanding these temporal patterns could inform intervention development and clinical practice, yet longitudinal qualitative studies exploring these dynamics remain scarce in the literature.

Research Question

Primary Research Question: How do women undergoing cancer treatment experience and describe the role of spousal support in their cancer journey?

Secondary Research Questions:

1. What specific forms of spousal support do women identify as most meaningful during cancer treatment?
2. How do women perceive spousal support as influencing their treatment adherence, coping, and overall well-being?
3. What challenges do women identify in receiving and utilizing spousal support during cancer treatment?
4. How do women's experiences of spousal support change throughout different phases of the cancer trajectory?

Methodology

Research Design

This study employed a qualitative phenomenological approach to explore the lived experiences of women receiving spousal support during cancer treatment. Phenomenological methodology was selected as most appropriate for capturing the subjective meanings and interpretations that women attribute to their support experiences (Creswell & Poth, 2018).

Participants and Sampling

Purposive sampling was used to recruit participants who met specific inclusion criteria: (1) women aged 18 and older, (2) currently undergoing or completed cancer treatment within the past 12 months, (3) married or in a committed partnership for at least two years, (4) English-speaking, and (5) cognitively able to participate in interviews. Exclusion criteria included hospice care enrollment and severe psychiatric conditions that would preclude informed consent.

Twenty-four women were recruited from three urban oncology centers through healthcare provider referrals and support group announcements. The sample achieved theoretical saturation, with no new themes emerging in the final interviews.

Data Collection

Data collection involved individual, semi-structured interviews lasting 60-90 minutes, conducted either in-person or via secure video conference based on participant preference. The interview guide was developed based on literature review and pilot testing, covering topics such as cancer diagnosis experience, types of spousal support received, most helpful support behaviors, challenges in support relationships, and changes in support over time.

Data Analysis

Interview recordings were transcribed verbatim and analyzed using Braun and Clarke's (2019) thematic analysis framework. The analytical process involved: (1) familiarization with data through repeated reading, (2) initial coding of semantic and latent content, (3) theme development through code clustering, (4) theme review and refinement, and (5) final theme definition and naming. Two researchers independently coded all transcripts, with discrepancies resolved through discussion.

Findings

Table 1: demography

Characteristic	n	%
Age Range		
30-39 years	6	25
40-49 years	8	33.3
50-59 years	7	29.2
60+ years	3	12.5
Cancer Type		
Breast	12	50
Gynecological	5	20.8
Lung	3	12.5
Colorectal	2	8.3
Other	2	8.3
Treatment Stage		
Active treatment	15	62.5
Completed <6 months	9	37.5
Marriage Duration		
2-10 years	7	29.2
11-20 years	9	37.5
21+ years	8	33.3
Education Level		
High school	4	16.7
Some college	8	33.3
Bachelor's degree	8	33.3
Graduate degree	4	16.7
Employment Status		
Full-time	8	33.3
Part-time	5	20.8
Not employed	11	45.8

The table presents the demographic characteristics of cancer patients who participated in a qualitative study. Participants were primarily aged 40–49 years (33.3%), followed by those aged 50–59 (29.2%), 30–39 (25%), and 60+ years (12.5%). In terms of cancer type, half (50%) had breast cancer, while others had gynecological (20.8%), lung (12.5%), colorectal (8.3%), or other types (8.3%). Most participants (62.5%) were undergoing active treatment, while 37.5% had completed treatment within the past six months. Regarding marriage duration, 37.5% had been married for 11–20 years, 33.3% for over 21 years, and 29.2% for 2–10 years. Education levels varied, with one-third each having some college or a bachelor's degree (33.3%), and smaller portions having only high school (16.7%) or a graduate degree (16.7%). Employment status showed that 45.8% were not employed, while 33.3% worked full-time and 20.8% part-time. This data provides a comprehensive view of the socio-demographic background of the cancer patients in the study.

Theme 1: Emotional Anchoring - "He Keeps Me Grounded"

Participants consistently described their spouses as providing essential emotional stability during the unpredictable and frightening cancer experience. This anchoring function manifested in multiple ways, from maintaining calm during crisis moments to providing reassurance about treatment decisions. Sarah, a 45-year-old breast cancer patient, explained: *"When I got the diagnosis, I completely fell apart. But he just held me and said 'We're going to get through this together.' He became my anchor in the storm."*

The emotional anchoring extended beyond crisis moments to include daily reassurance and validation of feelings. Participants described how their spouses helped them process complex emotions, provided reality testing during overwhelming moments, and offered consistent emotional availability. Many women noted that their spouses seemed to intuitively know when to offer comfort versus when to encourage strength and independence. Rebecca, a 49-year-old breast cancer survivor, shared: *"Some days I needed him to baby me and let me cry. Other days I needed him to push me to get up and fight. He somehow always knew which day was which."*

Subtheme 1a: Presence as Comfort The simple physical presence of spouses during difficult moments emerged as profoundly meaningful. Participants described how their husbands would sit quietly during chemotherapy sessions, hold their hands during scary procedures, or simply be physically available during moments of fear or pain. Janet, a 56-year-old gynecological cancer patient, noted: *"He didn't always know what to say, but he was always there. When I woke up from surgery, when I was throwing up from chemo, when I couldn't sleep at night - he was just there, and that made all the difference."*

Subtheme 1b: Emotional Regulation and Co-Regulation Many participants described sophisticated emotional regulation processes where spouses helped them manage overwhelming feelings. This included helping them break down large fears into manageable pieces, providing perspective during catastrophic thinking episodes, and serving as emotional containers during periods of intense distress. Karen, a 43-year-old colorectal cancer patient, explained: *"When I would spiral into panic about dying and leaving the kids, he would walk me through it step by step. He'd remind me of my prognosis, what the doctors said, and help me focus on today instead of worst-case scenarios."*

Subtheme 1c: Maintaining Hope and Optimism Spouses played crucial roles in maintaining hope and optimism when patients felt overwhelmed by the magnitude of their diagnosis and treatment. This involved celebrating small victories, reframing setbacks as temporary obstacles, and consistently expressing confidence in positive outcomes. Michelle, a 39-year-old lung cancer patient, shared: *"When my tumor markers went up, I was convinced I was going to die. But he said, 'This is just one test on one day. We're going to figure this out.' He never let me give up hope, even when I wanted to."*

Theme 2: Practical Navigation - "He Handles Everything So I Can Focus on Getting Well"

Spouses took on numerous practical responsibilities that allowed patients to focus their energy on treatment and recovery. These included managing appointments, coordinating with healthcare providers, handling insurance issues, maintaining household routines, and ensuring medication adherence. Lisa, a 52-year-old ovarian cancer patient, shared: *"He created this whole system with calendars and pill organizers and appointment reminders. I didn't have to think about any of that stuff."*

The practical support often involved spouses learning entirely new skills and taking on responsibilities traditionally handled by their wives. Many participants noted their appreciation for spouses who seamlessly assumed household management, childcare coordination, and family communication roles without complaint or expectation of recognition.

Subtheme 2a: Medical Care Coordination Spouses became expert medical care coordinators, managing complex treatment schedules, medication regimens, and follow-up appointments. This often required learning medical terminology, understanding treatment protocols, and maintaining detailed records. David's coordination efforts were described by his wife Patricia, a 47-year-old breast cancer patient: *"He has this whole binder with all my medical records, test results, medication lists. He knows my treatment schedule better than I do. When I'm too foggy from chemo to remember things, he's got it all organized."*

Many spouses also took on the role of medication managers, ensuring proper timing, dosing, and side effect monitoring. This was particularly important given the complexity of cancer treatment regimens and the cognitive effects of treatment. Andrea, a 44-year-old gynecological cancer patient, noted: *"I was taking like 15 different medications at different times. He set up this whole system with alarms and color-coded pill boxes. I never missed a dose because of him."*

Subtheme 2b: Household Management Transformation The practical support extended to comprehensive household management, often requiring significant role reversals from traditional family patterns. Spouses learned to manage cooking, cleaning, childcare, financial responsibilities, and social obligations that had previously been their wives' domain. Nancy, a 51-year-old breast cancer patient, described her husband's transformation: *"He had never done laundry in 25 years of marriage. Suddenly he's doing laundry, cooking dinner, packing the kids' lunches, managing the household budget. And he did it all without complaining or making me feel guilty."*

Subtheme 2c: Information Management and Research Many spouses became information specialists, researching treatment options, seeking second opinions, and staying current with medical developments. This research often extended beyond basic treatment information to include complementary therapies, nutritional support, and quality of life interventions. Susan, a 48-year-old lung cancer patient, explained: *"He spent hours researching clinical trials, alternative treatments, dietary supplements. He would print out articles for me to read and discuss with my oncologist. He became like my personal research assistant."*

Theme 3: Identity Preservation - "He Still Sees Me as Me"

A particularly meaningful aspect of spousal support involved helping women maintain their sense of identity beyond the patient role. Spouses who continued to relate to their wives as whole people - with interests, humor, sexuality, and capabilities beyond their illness - provided crucial psychological support. Maria, a 38-year-old lung cancer patient, explained: *"Everyone else treats me like I'm fragile or broken. But he still teases me and asks my opinion about things and treats me like his wife, not just a cancer patient."*

This identity preservation included encouraging continued involvement in meaningful activities, maintaining physical affection and intimacy when possible, and explicitly acknowledging women's strengths and capabilities throughout treatment. Many participants described this as preventing them from being consumed by the patient identity.

Subtheme 3a: Maintaining Normal Relationship Dynamics Participants valued spouses who maintained elements of their normal relationship dynamics, including humor, playfulness, and routine interactions that existed before cancer. This included continuing inside jokes, maintaining familiar patterns of affection, and treating wives as capable partners rather than fragile patients. Helen, a 54-year-old colorectal cancer patient, shared: *"He still expects me to help him pick out his clothes and asks my advice about work stuff. He doesn't treat me like I'm suddenly incompetent just because I have cancer. That means everything to me."*

Subtheme 3b: Encouraging Continued Interests and Activities Effective spousal support included encouraging women to maintain interests, hobbies, and activities that brought meaning and joy to their lives before cancer. This often-required practical support to enable participation and emotional encouragement when women felt guilty about focusing on non-medical activities. Jennifer, a 41-year-old breast cancer patient, noted: *"I love gardening, but I felt guilty spending time on flowers when I should be focusing on getting well. He said, 'This is part of getting well. You need things that feed your soul.' He even built me raised beds so I could garden from a chair during chemo."*

Subtheme 3c: Physical Intimacy and Sexuality Many participants discussed the importance of spouses who maintained appropriate physical affection and sexual intimacy despite treatment-related body changes and physical limitations. This required sensitivity, adaptation, and explicit communication about changing needs and capabilities. Rachel, a 42-year-old gynecological cancer patient, explained: *"I was so worried he wouldn't find me attractive after surgery. But he kept telling me I was beautiful and finding ways to be intimate that worked with my limitations. He helped me feel like a woman, not just a patient."*

Subtheme 3d: Acknowledging Strength and Capability Participants appreciated spouses who explicitly acknowledged their strength, courage, and capability throughout the cancer experience. This validation helped counter feelings of weakness, dependence, and diminished self-worth that often accompany serious illness. Linda, a 46-year-old breast cancer patient, shared: *"Everyone kept telling me how 'brave' I was, but it felt like empty words. When he told me I was the strongest person he knew and that he was proud of how I was handling everything, I believed him because he knows me better than anyone."*

Theme 4: Advocacy and Communication Bridge - "He's My Voice When I Can't Speak"

Spouses often served as advocates and communication intermediaries, particularly during medical appointments when patients felt overwhelmed or physically compromised. This advocacy included asking questions, ensuring concerns were addressed, researching treatment options, and communicating with extended family members. Jennifer, a 41-year-old colorectal cancer patient, noted: *"Sometimes I'm so tired or scared that I can't think of the right questions. He becomes my voice and makes sure we get the information we need."*

The communication bridge function extended to managing information flow with children, extended family, friends, and employers. Many spouses took on the role of family communicator, providing updates and coordinating support from others while protecting their wives from feeling obligated to manage others' emotional responses to the cancer diagnosis.

Subtheme 4a: Medical Advocacy and Decision Support Spouses served as fierce advocates within the healthcare system, ensuring their wives received appropriate care, timely responses to concerns, and respectful treatment from medical staff. This advocacy often required assertiveness, persistence, and willingness to challenge medical professionals when necessary. Carol, a 50-year-old lung cancer patient, described: *"When the oncologist was dismissive of my pain complaints, my husband spoke up and insisted they do something about it. He wasn't rude, but he was firm. I don't think I would have advocated for myself that way."*

Many participants described how their spouses helped them prepare for medical appointments by researching questions to ask, organizing symptoms to report, and ensuring important topics were covered. This preparation often resulted in more productive appointments and better medical care. Diane, a 45-year-old breast cancer patient, noted: *"Before each appointment, we would sit down and make a list of everything I wanted to discuss. He would take notes during the appointment and ask follow-up questions I forgot to ask."*

Subtheme 4b: Family Communication Management The communication bridge function was particularly important for managing information flow with children, aging parents, and extended family members who needed updates but whose emotional responses could burden patients. Spouses often became skilled at providing appropriate levels of information while managing others' anxiety and need for involvement. Barbara, a 53-year-old gynecological cancer patient, explained: *"I couldn't handle everyone's questions and worry on top of my own. He became the designated updater - he would call my mom and sister and his family and give them information without me having to manage their emotions about it."*

Subtheme 4c: Professional and Social Communication Many spouses managed communication with employers, friends, and social networks, allowing patients to maintain privacy while ensuring necessary people were informed. This often involved delicate negotiations about disclosure levels, work accommodations, and social support coordination. Mary, a 49-year-old colorectal cancer patient, shared: *"I didn't want everyone at work knowing all the details, but I needed accommodations for treatment. He worked with my supervisor to arrange everything while keeping my privacy intact."*

Subtheme 4d: Gatekeeping and Protection An important aspect of the communication bridge involved protecting patients from overwhelming or inappropriate communication from others. This gatekeeping function helped patients maintain energy for treatment while preventing them from feeling obligated to manage others' needs. Teresa, a 55-year-old breast cancer patient, noted: *"Some people wanted to visit or call constantly, and I felt guilty saying no. He became the gatekeeper - he would screen calls and visitors and protect my rest time without making me feel bad about it."*

Cross-Cutting Theme: Adaptive Flexibility Throughout the Cancer Journey

Across all themes, participants emphasized the importance of spousal support that adapted to their changing needs throughout different phases of diagnosis, treatment, and recovery. The most effective support was described as flexible, responsive, and evolving rather than static or one-size-fits-all. Angela, a 47-year-old lung cancer survivor, summarized: *"What I needed from him changed almost daily, sometimes. Early on, I needed him to be strong and take charge. During treatment, I needed comfort and care. Now I need him to step back and let me reclaim my independence. The amazing thing is how he adapted to what I needed when I needed it."*

CONCLUSION AND RECOMMENDATION

The findings reveal that spousal support for women with cancer operates as a comprehensive system encompassing emotional, practical, identity-related, and advocacy functions. The metaphor of "anchor" that emerged across interviews suggests that effective spousal support provides both stability and flexibility - keeping women grounded while allowing for movement and growth throughout the cancer experience. This finding extends previous research by highlighting the dynamic, multifaceted nature of spousal support rather than viewing it as a static resource. The emotional anchoring theme aligns with attachment theory and stress-and-coping models, suggesting that secure spousal relationships provide a haven during cancer-related distress (Johnson & Greenman, 2021). However, our findings suggest that effective emotional support goes beyond mere presence or reassurance to include sophisticated emotional regulation and co-regulation processes. Spouses who could maintain their emotional stability while providing space for their wives' emotional expression appeared most helpful.

The practical navigation support identified in this study highlights the gendered nature of household and healthcare management responsibilities. Many women in this study expressed surprise and gratitude that their spouses could successfully manage tasks they had previously handled. This finding suggests that cancer may create opportunities for relationship growth and more equitable role distribution, challenging traditional gender patterns in positive ways (Manne & Badr, 2020). The identity preservation theme represents a particularly important finding that has received limited attention in cancer support literature. The ability to maintain identity beyond the patient role appears crucial for psychological well-being and may influence treatment adherence and recovery. This finding suggests that interventions should focus not only on managing cancer-related distress but also on maintaining patients' full identity and personhood throughout treatment.

The advocacy and communication bridge functions highlight the complex information management and decision-making challenges that accompany cancer treatment. Spouses who effectively serve as advocates and communication facilitators may significantly improve treatment experiences and outcomes. However, this finding also raises questions about patient autonomy and the potential for spouses to inadvertently limit patients' direct communication with healthcare providers. Several participants noted challenges in spousal support, including overprotectiveness, communication difficulties, and role confusion. These findings suggest that while spousal support is generally beneficial, it requires careful attention to balance and appropriateness. Healthcare providers should assess not only the presence of spousal support but also its quality and effectiveness.

Conclusion

This study provides rich insights into the multifaceted nature of spousal support for women undergoing cancer treatment, revealing four primary dimensions: emotional anchoring, practical navigation, identity preservation, and advocacy/communication facilitation. The consistent use of the "anchor" metaphor by participants suggests that effective spousal support provides both stability and flexibility, enabling women to navigate the turbulent cancer experience while maintaining their sense of self and agency.

The findings have important implications for healthcare practice, suggesting that providers should systematically assess and support spousal relationships as integral components of cancer care. Rather than viewing spouses as secondary participants, healthcare teams should recognize them as essential partners in treatment success. This might involve including spouses in treatment planning discussions, providing communication skills training for couples, and offering resources to help spouses develop effective support strategies.

The study also highlights the importance of maintaining patients' identity and autonomy within supportive relationships. Healthcare providers should encourage spouses to balance caregiving with respect for patients' independence and decision-making capacity. Additionally, the findings suggest that cancer may create opportunities for positive relationship changes and more equitable role distribution, challenging traditional gender patterns.

Limitations of this study include the relatively homogeneous sample in terms of race, education, and socioeconomic status, which may limit generalizability. Additionally, the study focused only on women's perspectives and did not include spousal viewpoints, which would provide a more complete understanding of support dynamics. The cross-sectional design also limited exploration of how support experiences change over time.

Future Directions

Several areas warrant further investigation based on these findings. First, longitudinal studies are needed to understand how spousal support needs and experiences change throughout the cancer continuum from diagnosis through survivorship or end-of-life care. Such research could inform the timing of interventions and support services. Second, research should examine spousal perspectives on providing support, including their own needs, challenges, and resources. Understanding both sides of the support equation would enable the development of more comprehensive couple-based interventions. Additionally, research with more diverse populations is needed to understand how cultural, racial, ethnic, and socioeconomic factors influence spousal support experiences.

Third, intervention research should test couple-based approaches that enhance communication skills, support provision strategies, and relationship maintenance during cancer treatment. Such interventions might include communication skills training, relationship counseling, peer support groups for couples, and educational programs about effective support strategies. Fourth, research should explore the role of healthcare providers in assessing, supporting, and potentially improving spousal support relationships. This might include developing screening tools for relationship quality and support effectiveness, training programs for providers on family-centered care, and systems-level changes to better include spouses in treatment planning.

Finally, research should examine the economic implications of effective spousal support, including potential cost savings from reduced healthcare utilization, improved treatment adherence, and better patient outcomes. Such research could support policy initiatives and insurance coverage for couple-based interventions and family support services. The cancer experience extends far beyond medical treatment to encompass complex relational, emotional, and practical challenges that require comprehensive support systems. By better understanding and supporting the spousal relationships that serve as primary support sources for many women with cancer, healthcare providers and researchers can contribute to more holistic, effective, and compassionate cancer care.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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