



Calidad de Vida: An Exploratory Investigation of Latino Breast Cancer Survivors and Intimate Partners

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### Abstract

Advances in addressing psychosocial issues related to cancer treatment and prevention are not reaching all survivors equally. Latina breast cancer survivors and intimate partners are underrepresented in psychosocial interventions, and there is a scarcity of research on the influence of cancer on Latino couples' quality of life. The purpose of this manuscript is to present findings from a trans-linguistic, dyadic qualitative research study aimed at exploring the influence of cancer on quality of life for Latina breast cancer survivors and their intimate partners. Results highlight several areas that are helpful and hindering to supporting survivorship.

### Keywords

breast cancer; survivorship; health disparities

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## **Calidad de Vida: An Exploratory Investigation of Latina Breast Cancer Survivors and Intimate Partners**

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### **ABSTRACT**

Advances in addressing psychosocial issues related to cancer treatment and prevention are not reaching all survivors equally. Latina breast cancer survivors and intimate partners are underrepresented in psychosocial interventions, and there is a scarcity of research on the influence of cancer on Latino couples' quality of life. The purpose of this manuscript is to present findings from a trans-linguistic, dyadic qualitative research study aimed at exploring the influence of cancer on quality of life for Latina breast cancer survivors and their intimate partners. Results highlight several areas that are helpful and hindering to supporting survivorship.

**Keywords:** Latino couples, Breast Cancer, Dyadic, Health Disparities, Counseling, Higher Education, Multicultural Psychology, Public Health, Translational Medical Research

### **INTRODUCTION**

Cancer is a disease that affects the entire family, especially the cancer survivors and their intimate partners (Baucom et al., 2009; Girgis & Lambert, 2009; Manne, Ostroff, Norton, Fox, Goldstein & Grana, 2006). After a cancer diagnosis, couples must adjust to new family roles, find new ways to offer mutual support to each other, communicate, be intimate, and deal with stress and conflict (Baik & Adams, 2011). Recent developments in cancer survivorship research have supported focusing on couples based interventions that provide emotional support for both members of the dyad rather than traditional approaches that focus only on the cancer survivor or their partner (Girgis & Lambert, 2009; Manne & Badr, 2008; Northouse, Kaptapodi, Song, Zhang, & Mood, 2010). Couples-based psychosocial interventions improve quality of life, emotional and functional adjustment, and treatment outcomes for breast cancer survivors and their partners (Baik & Adams, 2011; Northouse et al., 2010; Regan et al., 2012; Scott & Kayser, 2009). However, advances in psychosocial interventions are not reaching all cancer survivors and their partners equally. Regan et al. (2012) stated that although they found positive outcomes of couples-based interventions, findings had limited cultural generalizability due to the majority of couples participating in interventions being from middle-aged Caucasian backgrounds. Results from their meta-analysis ( $k=23$ ) indicate that over 80 percent of patients/partners served are Caucasian middle-aged women compared to under three percent of Latina patient/partners.

Latinas have higher rates of advanced stage cancer, undergo more rigorous treatments, and report heightened psychological burdens when compared to other cancer survivors (Yanez, Thompson & Stanton, 2011). Additionally, Latinas experience increased burden due to language barriers, and other socio-cultural stressors, such as socio-economic status and acculturation stress (Buki et al., 2008). However, despite the evidence of the substantial impact of cancer on both patient and partner, and the clear need for psychosocial support in the Latino community, Latino couples are not benefitting from psychosocial interventions (Buki et al., 2008; Regan et al., 2012). Moreover, there is an absence of empirical research investigating the relational needs of Latina breast cancer survivors and their partners, lessening the possibility of ensuring that psychosocial interventions are culturally-competent (Meyerowitz, Christie, Stanton, Rowland, & Ganz, 2012). Thus, the goal of this study is to address a critical need in understanding the influence of cancer on Latino couples and the factors that influence or impede Latino couples from seeking support. Recognizing that qualitative methods are particularly useful in the exploration of understudied issues, a combination of trans-linguistic dyadic qualitative analysis and consensual qualitative research methodology were used to explore the influence of breast cancer on Latino couples.

## **METHODS**

### Participants

Seven Latina breast cancer survivors and their intimate partners participated in the current study ( $N = 14$ ). The research team utilized chain-referral sampling (i.e., snowball sampling) to recruit participants. Snowball sampling is a non-probability technique where initial respondents are asked to recommend others who might fit the study criteria (Biernacki, & Waldorf, 1981). Inclusion criteria for the current investigation included Latinas: (a) who were diagnosed with breast cancer; (b) were in a committed relationship during the diagnosis and subsequent treatment; (c) had an intimate partner who was also willing to be interviewed for the study; (d) resided in the state of Florida; and (e) the breast cancer survivor had completed primary treatment. In order to increase the likelihood of participation, we offered \$50 gift cards to each participant (\$100/couple) who completed the interviews.

Researchers began the recruitment process by creating flyers in Spanish and English and posting them throughout the local community. Researchers also presented the study to local breast cancer support groups. Researchers identified 15 couples ( $N = 30$ ) that were eligible for participation in the study. Of the 30 potential participants, fourteen individuals ( $N = 14$ ;  $n=7$  couples) agreed to participate or were able to commit to the study. Hill and colleagues (2005) reported that the ideal sample size for a CQR analysis is 8 to 15 with fewer participants needed when conducting multiple interviews. After transcribing and analyzing the data, the research team concluded that seven couples were sufficient based on saturation of the data, indicated by the same themes being repeated across several couples.

### Procedures

Once participants agreed to take part in our study, a member of the research team contacted them via phone to schedule the interview, review the informed consent, and explain the study procedures. Prior to the interview, participants received an intake packet with a copy of the informed consent and a demographic profile for them to complete. By participant request, research team members conducted the majority of the interviews on the phone and in Spanish.

The interview protocol was semi-structured and prepared by the research team prior to recruiting participants. The protocol consisted of nine open-ended questions, grounded in

existing research on dyadic coping and intimacy for cancer survivors (Badr, 2008). Example prompts included: “*Please describe your relationship before the breast cancer diagnosis*” and “*What is your greatest fear about the influence of cancer on your relationship?*” The interview protocol was reviewed by an external reviewer and a small group of Latina breast cancer survivors. Based on feedback, minor adjustments were made to the protocol prior to conducting the interviews. All questions were initially created in English and then transcribed and verified by team members for cultural relevance in Spanish. Two research team members (i.e., a male and a female) conducted the interviews and ensured that all participants (i.e., each partner) had significant time to express their thoughts and feelings. Both interviewers were formally trained in mental health counseling and utilized counseling skills to ensure safety and demonstrate empathy.

Trans-Linguistic and Dyadic Interviewing Two aspects of this study are unique to qualitative research in general and CQR specifically: (a) the trans-linguistic component (interviewing and analyzing data in multiple languages); and (b) the dyadic qualitative interview process. The trans-linguistic component refers to how the data was treated through its translation from Spanish to English and to ensure its cross-cultural relevance. In this study, the research team utilized a trans-linguistic approach developed by Lopez et al (2008). This approach requires that the research team employ the services of a lead translator, use verbatim transcriptions, back-translating across the two languages, and conduct a close reading of the transcripts to identify any words that changed meaning across languages. The research team utilized an outside transcription service to translate all interviews from Spanish to English. Bilingual research team members then ensured the accuracy of the translations and back-translated when necessary. Subsequently, a lead translator was brought onto the study as an external auditor. The lead translator was a native Spanish speaking psychologist and mental health counselor who, had significant experience working with Latinos from a wide variety of cultural backgrounds. The lead translator examined all paperwork, marketing materials, and the final translation and interpretation of the data. They ensured that the data was appropriately translated, that themes that emerged included any cultural nuances, and brought to the research team any interpretations that he felt did not capture the essence of the participant experience from a cultural perspective.

The dyadic qualitative interview is a form of interactive interviewing (Morgan, Ataie, Carder, & Hoffman, 2013). Unlike individual interviews, where data is derived from only one source in a neutral location, researchers conducting dyadic interviews acknowledge that the presence of the other participant (e.g., partner) influences participants. Morgan and colleagues (2013) note that this type of interactive interviewing allows the interviewer to collect data that may have been forgotten in individual interviews, and allows participants to co-construct a description of the investigated phenomenon. Researchers also interviewed participants individually and the individual accounts compared to the joint interviews to examine contrasts, but those data and findings go beyond the scope of this paper and our published elsewhere (see Barden, Gutierrez, Gonzalez, & Ali, 2016; Gutierrez, Barden, Gonzalez, Ali, & Cruz-Ortega, 2016). Because the focus of this investigation was the experiences of *the couple* the focus on dyadic interviews was most appropriate. Dyadic qualitative analysis enables the ability to deepen understanding of how cancer impacts the relationship between intimate partners, rather than focusing on one partner or the other (Eisiokovit & Koren, 2010; Kenny, Kashy, & Cook, 2006). Dyadic qualitative analysis enabled us to understand how partner experiences overlap or

contrast one another, furthering our understanding on topics such as intimacy, relationships, and dyadic coping.

#### Data Analysis

In Consensual Qualitative Research (CQR), the data is analyzed using three main steps: (a) domains are generated among the research team and used to cluster the data from the open-ended interviews; (b) core ideas are extracted from the data; and (c) the data is cross-analyzed and labeled for frequency. At each of these steps, the research team meets and reaches consensus on the themes (Hill, Thompson, & Williams, 1997; Hill et al., 2005). Our research team consisted of four members- a counseling professor, and three doctoral students. Three of the research team members were female and one was a male. Two of the doctoral students were bilingual in Spanish and English; and they conducted all of the Spanish interviews. All of the research team members had previous training in qualitative research methodology and CQR.

In order to strengthen the integrity of the data analysis, the research team members engaged in a bracketing exercise where cultural, personal, and Hill et al (1997) criteria required for CQR trustworthiness: (a) trustworthiness of the method; (b) coherence of the results; (c) and representativeness to the sample. To determine the trustworthiness of methods, we took special care to monitor and systematize our data collection and analysis. Researchers required that interviewers used scripted questions for each interview and that each interview was audio recorded. Additionally, researchers documented the process of first individually coding transcripts and then reaching consensus to serve as reliability checks and ensure that all of the findings were logical and linear. To meet the second criterion, coherence of results, the research team had each researcher code the transcripts individually prior to coming together as a group to avoid biasing the codes, met together on a regular basis to reach consensus, and verified that the findings accounted for all of the data in the transcripts. The final criterion, representativeness to sample, was met by labeling each finding as general, typical, or variant (to denote the frequency by which it appeared across the whole sample).

## **RESULTS**

The primary aim of the current investigation was to explore and understand how cancer influences Latino couples and factors that influence or impede Latino couples from seeking psychosocial support. Given the exploratory nature of the study, qualitative methods focused on the shared experience of having cancer and how that impacted couples' intimate relationships. Several themes emerged from the qualitative dyadic interviews and have been organized into two major topic areas, facilitators and barriers to recovery. Themes and subcategories are discussed below with selected quotations from the dyadic interviews. For a summary of themes, please see Table 1.

Table 1

*Themes from analysis*

<b>Domain: Facilitators to Recovery</b>	<b>Category</b>	<b>Respondents</b>	<b>Label</b>
Emotional Reactions	Hope	1, 3, 5	Variant
Emotional Reactions	Acceptance	2, 4	Variant
Spirituality	Beliefs	1,3, 4, 6,7	Typical
Spirituality	Behaviors	4, 6	Variant
Adaptive Coping	Group support	1, 2, 3, 4, 5	Typical
Adaptive Coping	Resources	2	Rare
Adaptive Coping	Knowledge	1,2, 4, 5,7	Typical
Adaptive Coping	Lifestyle changes	4	Rare
Adaptive Coping	Family support	2, 5, 7	Variant
Adaptive Coping	Advocacy - Self; other	1, 2,3	Variant
Adaptive Coping	Counseling	6	Rare
Relationship Characteristics	Intimacy- P	4	Rare
Relationship Characteristics	Intimacy- E	3, 4, 6	Variant
Relationship Characteristics	Intimacy- S	2,4, 6, 7	Typical
Relationship Characteristics	Communication	1	Rare
Relationship Characteristics	Attention	1, 4	Variant
Relationship Characteristics	Solidarity/Commitment	1,3, 4, 6 , 7	Typical
Relationship Characteristics	Patience	4	Rare
Relationship Characteristics	Acceptance/Freedom	4, 5,7	Variant
PTRG		1,3, 4, 5, 6	
<b>Domain: Barriers to Recovery</b>	<b>Category</b>	<b>Respondents</b>	<b>Label</b>
Emotional Reactions	Fear	5,7	Variant
Emotional Reactions	Suffering	3	Rare
Mortality	Fear	1, 2, 3, 4, 5, 7	General
Mortality	Denial	2, 5	Variant
Family	History	1, 2, 5, 7	Typical
Maladaptive Coping	Withdrawal	1, 4	Variant
Maladaptive Coping	Fear of reoccurrence	7	Rare
Maladaptive Coping	Flooding	5	Rare
Barriers	Financial	2, 6	Variant
Barriers	Cultural	2,3,7	Variant
Barriers	Counseling	3,7	Variant

Facilitators to Recovery. Couples shared aspects of their cancer survivorship experience that was helpful to their overall health and well-being, both as individuals and as a couple. Examples include positive emotions, spirituality, adaptive coping, relational connectedness, and experiences of post traumatic relational growth.

Emotional Reactions. Latino cancer survivors and their partners shared a wide spectrum of emotional responses throughout their cancer survivorship journey. Positive emotions included

hope and acceptance whereas couples described negative feelings of fear, anger, and suffering. Three participants shared feeling hopeful, based on the time and stage their cancer was diagnosed, highlighting the need to emphasize early detection and screening.

Spirituality. Couples shared how their spiritual and religious faith beliefs were instrumental during their journey, serving as a source of strength and coping. One survivor shared, “I know that I will confront a very difficult situation but putting God ahead, knowing that with God all can be done and that was how I overcame my experience.” Another participant shared, “I relied a lot on God. I really did...that helped me tremendously.” For Latino couples, spirituality may be salient as a pillar of strength during adversity. Emphasizing previous hardship and encouraging couples to jointly pray or focus on their belief system may be helpful in providing support during cancer survivorship.

Adaptive Coping. Couples shared several adaptive ways in which they coped with cancer, including seeking knowledge, family and partner support, group support, and advocating for themselves. Typically, participants shared how knowledge and education were instrumental to their recovery. One survivor stated, “If the person doesn’t really know the sickness, doesn’t know what are its stages... if there’s not a knowledge of the matter, there’s no way they’ll be able to battle the sickness,” highlighting the importance of education during diagnosis and recovery.

Couples shared how receiving the support of their family, support groups and empowering themselves was helpful to their recovery. One survivor stated, “I can’t stress it enough when I say that the people that gave me the most support are my husband, my kids, my parents and my sister. My family was the best support I could ever have had.” In addition to counseling and group support, survivors spoke to empowering themselves to advocate and take charge of their cancer treatment. One survivor shared:

I didn’t give up and I kept searching until I found the group where I now belong. I didn’t give up, I took the phone and spent the whole day calling. And it was difficult for me, but I was able to accomplish it.

Encouraging Latino couples to reach out to friends, family and within themselves for strength and support may be beneficial during the cancer journey.

Relationship Characteristics. In addition, to friends and family, results from the current investigation revealed how intimate partners can support one another through the cancer survivorship journey. Couples shared how their intimacy, communication, commitment and acceptance of one another had changed throughout the journey, emphasizing that the openness to change from both partners was critical to their recovery.

Regarding intimacy, couples typically spoke to changes in emotional, physical and sexual intimacy. When sharing about emotional intimacy, one partner shared having deep empathy for his wife, in a way to be emotionally intimate, stating “Because if I don’t live the cancer that my wife carries, if I don’t help her to carry that cancer, I’m not gonna be able to understand her.” Couples typically shared how their physical and sexual intimacy had been impacted. One partner shared, “We have the same love but the sexual part is what we were talking about. Maybe the woman changes a little bit, physically the woman becomes a little, how can I say it? Has less desire than the desire before.” A survivor shared how body image effected intimacy, stating “I know our sex life has changed just a tiny bit because I’m still very self-conscious about, you know, because I had a double mastectomy. So I’m still very self-conscious about that. But you know, I mean I’ve tried to just live with it and he’s been great.” Therefore, although all the



couples acknowledged that changes have occurred to their intimacy, adapting and accepting the changes were shared to be most helpful in moving forward.

Couples typically shared how their cancer had brought out their commitment and feelings of solidarity with one another. One partner shared, "For instance, in this case with my wife's cancer, I tell people that it's not a single person who has cancer, it is both of us who have cancer." Couples shared how their acceptance and patience had been impacted through their journey. One survivor stated, "It's hard and he's given me the love and the patience, and he's helped me with those therapies." Couples clearly shared the dyadic experience of cancer, how the diagnosis and survivorship journey affects both partners in the relationship and how they can support one another.

Post-Traumatic Relational Growth. An interesting finding emerged from the current study regarding how couples found positive benefits together as a couple, coined post-traumatic relational growth (PTRG). Couples typically shared how their perspectives and priorities shifted positively as a result of cancer. One couple shared:

*"Everything changes because the perspective with which you see things, after going through this and to have my wife as a survivor, well everything changes. As she said, you become more involved in everything that has to do with this illness. I think it has made us, more loving, more thoughtful, we've grown in our spiritual side, in our personal side, in the couple side....we don't see life the same as before."*

Another survivor shared:

*"With the hair loss, when you lose your eyebrows, your eyelashes, when your nails get weak, all this process, and when you start to feel that there's a change in you, but what does that matter, if my partner is accepting me, if my partner loves me, so beautiful, then you don't give it so much importance."*

Results from this study are promising in that couples shared feeling stronger levels of commitment and dedication towards one another after experiencing cancer. Results support the need to focus efforts on psychosocial services for both Latina cancer survivors and intimate partners, as strengthening the dyad has benefits on both physical and mental health outcomes.

#### Barriers to Recovery

On the other hand, participants shared hindering experiences such as negative emotions, fear of death, family histories of cancer, maladaptive coping, and financial/cultural barriers to seeking treatment.

Emotional Reactions. Intimate partners frequently shared negative feelings of anger describing how the underlying fear of losing their partner caused them to withdraw at times. One partner stated:

*"I still get angry in a way because I think of what could happen. There is always anxiety and the fact that I am not going to the group...is not because of shame but it is fear, that I would feel bad when I see the other people that have not yet overcome, that the person that was going to the group died, that another had a relapse, and those things I don't like."*

The quote illustrates how the fear of death can be debilitating to partners and serve as a barrier to engaging in support services. Through understanding and empathizing the emotional reactions related to the cancer diagnosis, healthcare professionals may be better equipped to engage Latino couples in support services.

Mortality. In general, couples described the fear of mortality, sharing feelings of fear related to death and dying. One survivor shared, “Almost every time that you get that diagnosis it’s the end, it is death.” Another survivor shared, “...the first thing that comes to your mind is death... one imagines that there is only one type of cancer, and that it is the worst that can happen to you, practically your days are numbered.” The theme of mortality illustrates that although treatments for breast cancer have advanced considerably, Latino couples tend to view their breast cancer diagnosis as a terminal illness.

Family History. Couples typically shared how family history influenced their cancer survivorship journey. Specifically, couples who had a lost a family member to cancer, were imprinted with painful memories of cancer, emphasizing the aforementioned theme of mortality. One survivor shared, “I remember that when I was 8 years old, an aunt died from cancer...she cried from her pain and the only thing to do was to leave her to die.” These personal experiences had a significant impact on how survivors made meaning of their struggle. Additionally, couples worried about how their coping with the disease would influence their children. One partner shared feelings of relief related to lack of genetic history, stating, “Fortunately from what we have seen, the last cancer [my wife] had was not genetic. It does not come from her parents and it won’t continue onto our children, then this is something that also calms us down.” Educating Latino couples on genetic testing and early screening and prevention efforts may be helpful in alleviating the burden and fears related to receiving a breast cancer diagnosis.

Maladaptive Coping. Couples described negative or maladaptive coping strategies including one or both of the partners isolating/withdrawing, becoming flooded, and/or debilitated by the fear of reoccurrence. One of the male partners described how when isolation begins it can be a domino effect for hindering support and recovery, stating:

*“People distance themselves from their family because they don’t want family around them to have knowledge of what they have, because they may be rejected by their own family, friends, or those that know that they have cancer. And that’s where the worst problems start and from there many things develop.”*

Another survivor shared how fear further perpetuates isolation, stating, “Judging from what we’ve seen, families split up, some of the relatives fill with fear, and get away from the sick person out of fear,” highlighting the larger impact of cancer on the couples family system. In addition to isolation and fear, partners shared feeling flooded or overwhelmed by the cancer diagnosis and cancer community, stating, “I don’t like to see the news about the disease, or to attend the support that she goes to, because those things affect me too much.” Although most often, couples described fear as hindering to recovery, one couple stated:

*“I’m always worried in that we have that cloud over my wife, would it come back some other way. So that’s something that I always have in my head. That’s why we do what we want to do every day because you know, we don’t want to postpone anything. Enjoy our life.”*

Interestingly, this couple was able to use fear in a way that was helpful to their recovery and forced them to prioritize what was most important to them.

Barriers. Couples were asked to share about what barriers existed to engaging in psychosocial interventions or programs to help cope with cancer. Couples shared feeling financial and cultural barriers. Regarding financial barriers, one partner shared:

*“The most important barrier is the economy that unfortunately we are no longer living in times like before in this country when there was a taxi that would give you a free ride. Now the majority of the hospitals and clinics where they treat cancer are first asking if the person has medical insurance that they can pass or that can cover the costs of the treatment.”*

Couples shared feeling cultural barriers in that interventions were not targeted towards Latinos and the stigma associated with seeking help. One survivor shared:

*“For me, in my opinion that much of the emotional and psychological support is lacking as much for the patient as for their family. At least for me, I didn’t find it... I was looking for Hispanic people who had been diagnosed, who could give me their testimony, what happens after this, experiences that they could give me to be able to from that point know what decisions to make and it’s also very difficult because the American Cancer Society said that there was no groups in Spanish.”*

Another survivor spoke to how the Latino culture affected her openness to talk with someone else, stating,

*“As a Latina person myself, we're strong people and we don't like to take advice from people. It's hard for us. We feel like we got it, we got this. Another survivor shared, “we just never felt we needed to. I never got to that low point where I needed to do it...I've just never been a fan of it, but it's hard sometimes to open up to people or whatever.”*

## **DISCUSSION**

The current investigation utilized a novel methodological approach of combining trans-linguistic and dyadic qualitative research to explore the influence of breast cancer on Latino couples. Emerging research highlights the need to focus on dyadic coping and adjustment, however, minimal empirical research investigating the relational needs of Latina breast cancer survivors and their partners exist, underscoring the need for this qualitative investigation. Results indicated that both cancer survivors and their partners experience a wide spectrum of emotional reactions throughout the survivorship journey. Emotions play a salient role in relationship functioning (Greenberg, 2008; Johnson, 2012) with positive emotions being more therapeutic than negative. Furthermore, researchers have found direct relationships between attitudes and health, where optimism is associated with positive health outcomes and negative emotions are associated with negative health outcomes (Aspinwall & Tedeschi, 2010).

Couples coped in different ways, some finding positive, adaptive ways to meet their needs and some feeling overwhelmed with fears of death and therefore were limited in their ability to cope with their cancer. Aspinwall and Tedeschi (2010) state that optimism is associated with better preventive self-care and coping, leading to increased exercise, nutrition and refraining from smoking. In addition, optimism is associated with greater perceived social support and more frequent, higher-quality social interactions. Fatalism, on the other hand, is associated with several serious health-compromising behaviors. While it is imperative to not undermine the experience of cancer, results from this study suggest that empathizing and understanding the fear of mortality for both survivors and their partners is essential. Health care professionals could expand on the recommendations from participants in the study to have positive flyers and testimonies available in Spanish for survivors and their partners to read while waiting for treatment. Moreover, given that spirituality is an important facet of Latino culture (see Barden et

al., 2016) it might behoove health care professionals to encourage partners to consult their faith tradition for religious and spiritual coping.

Both survivors and partners acknowledged tendencies to withdraw or isolate themselves from family and other cancer survivors. Given this inclination, professionals working with cancer survivors can normalize feelings of fear that may be contributing to isolation. The Latino culture is a collectivistic culture with an emphasis on family (Gutierrez, Barden, & Tobey, 2014); therefore, ensuring the strength of the family and social bond is critical to health outcomes. Couples also shared how seeking knowledge and resources was largely beneficial to their process, indicating support for providing materials for couples to view and read on their own time. Additionally, the couples provided rich descriptions of relationship characteristics that supported coping, such as nurturing intimacy, developing communication, and acceptance of one another. Given that these characteristics are reported as being beneficial to these couples, they can be areas of focus in psychosocial interventions and clinical interventions.

Post traumatic relational growth (PTRG) is a new term coined by the researchers as result of the findings. Couples revealed significant ways in which their relationship was influenced, primarily reporting positive changes. Participants shared feeling more accepted and committed to one another and describe demonstrating greater amounts of empathy. Participants reported deeper perspectives and new priorities for their intimate relationship and partnership, highlighting significant changes beyond baseline (pre-cancer) functioning. The notion of cancer survivors and post traumatic growth (PTG), or positive psychological change experienced as a result of a struggle with highly challenging life circumstances, has been well-established in the literature (Tedeschi & Calhoun, 2004), however focusing on dyadic level changes has not previously been discussed. Thus, the fact that PTRG emerged from our findings is a significant contribution to the literature. One way that PTG is facilitated is through self-disclosing core beliefs that are challenged with supportive persons and engaging in deliberate, reflective processes to change core beliefs, ultimately resulting in PTG. Although results from the current study do not explain how couples may be facilitating PTRG, the analysis indicated that couples who communicated more freely about their commitment to one another and demonstrated deep empathy also reported feeling renewed deeper relational connections. Given the exploratory nature of this study, research is needed to further operationalize and define the concept of PTRG for Latino couples.

## **CONCLUSION**

### Limitations

As with all research, results from this study should be viewed in light of limitations in sampling and methods. For one, given the small sample size and qualitative nature of this study, participant experiences cannot be generalized for all Latina breast cancer couples. Furthermore, differences may exist between couples that chose to participate in the study compared to those that did not. Several women were willing to participate in the study but were not eligible based on their partner not being willing to participate and very likely may be experiencing different influences of cancer on their intimate relationships. Findings should be considered relative to stage of survivorship, as all participants in this study were in advanced survivorship stages, being at least five years post primary treatment. Despite these limitations, results from this exploratory study have several implications related to the cultural and relational influences of breast cancer on Latina women.

### Implications

The results of the current investigation yielded several implications for future practice and research. Specifically, participants offered several recommendations for future interventions, and provided rich descriptions that could help clinicians develop effective strategies for care. For example, participants described the support they received from their partners. Thus, it is important that survivorship support groups consider promoting an openness to partners and family members in order to increase recruitment and retention. As noted in these findings, the emotional reactions associated with a cancer diagnosis can be facilitative or hindering to recovery. Therefore, it is important that Latino couples are given a space to speak openly about their emotional reactions and process them with others. Couples also recommended hearing positive testimonies and stories from other cancer survivors to instill hope and faith in their own journey. For couples adjusting to life after a cancer diagnosis, practicing communication, developing hope, and normalizing fears with a group of fellow survivors could be especially helpful in promoting dyadic coping and adjustment.

Participants also discussed how doing leisure activities within support groups such as going to lunch or the movies would be encouraging to them. One couple stated that “having fun is a strategy that draws attention in order to get people out of the world they wrap themselves around the disease.” This further demonstrates the benefit of having cancer survivorship support groups where couples can build personal relationships. Researchers have noted that developing and maintaining personal social relationships (known as personalismo) is an important cultural value in the Latino community (Gutierrez, Barden, & Tobey, 2014; Lopez-Class et al., 2012). These findings underscore that one way to improve Latino couples’ quality of life and reduce stigma would be to use psychosocial strategies that emphasize personalismo.

Other recommendations included normalizing feelings of shame around changing bodies, for both partners and survivors. Providing partners with ways in which they can support their wives during and after major surgeries was encouraged by both survivors and partners. These are topics that should be discussed in survivorship groups. Psychosocial support strategies often discuss the physiological affect of cancer on the survivor, but it is also important to discuss how the cancer diagnosis influences changes in the relationship and the survivor’s partner. Further, participants discussed barriers to treatment. Specifically, participants described financial and cultural barriers. Some of the financial barriers could be mitigated by increasing the promotion of free and low-cost resources, such as the support groups provided by non-profit organizations or local oncology centers. As for the cultural barriers, it seems crucial to develop and maintain support groups in Spanish, and within the Latino community. By using community-based participatory research strategies and through developing partnerships with churches and local community centers, health care professionals can increase the availability of these services and counter some of the stigma associated with the diagnosis.

### Suggestions for Future Research

The findings of this current study provide a significant contribution to an emerging body of literature that supports the use of dyadic (e.g., relationship) interventions with Latina cancer survivors. However, future research is needed to expand upon and deepen our understanding of themes that emerged in this study. One area of future study should operationalize and measure the concept of PTRG. Additionally, we suggest that future research utilize dyadic and trans-

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linguistic approaches to examining Latino couples given the gaps in quality cross-cultural research with Latino couples.

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