

Long-Term Breast Cancer Survivors' Perceptions of Support From Female Partners: An Exploratory Study

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Social support represents a powerful resource for coping and recovering women diagnosed with breast cancer. Perceived social support, particularly as it applies to intimate, interpersonal relationships, decreases women's psychological distress related to cancer (Cohen & Wills, 1985; Koopman, Hermanson, Diamond, Angell, & Spiegel, 1998; Rodin et al., 2007; Talley, Molix, Schlegel, & Bettencourt, 2010) and critically contributes to their psychological well-being and emotional adjustment after diagnosis (Bloom, 1982; Carver, Smith, Petronis, & Antoni, 2006; Ganz et al., 2002; Harrison, Maguire, & Pitceathly, 1995; Koopman et al., 1998; Manne, Ostroff, Winkel, Grana, & Fox, 2005; Pistrang & Barker, 1995). Most studies have focused on survivorship among married, heterosexual women. As a result, ample data exist demonstrating that heterosexually partnered women most consistently identify their male spouses and partners as their most important source of social support (Neuling & Winefield, 1988; Rose, 1990), acting as a powerful buffer against their depression and anxiety (Harrison et al., 1995; Manne et al., 2005; Pistrang & Barker, 1995; Talley et al., 2010). In comparison, little research has been conducted on sexual minority women (SMW) (i.e., lesbians, bisexuals, and women who partner with women) and their partners in the context of breast cancer survivorship (Arena et al., 2006; Boehmer, Bowen, & Bauer, 2007; Boehmer, Freund, & Linde, 2005; Fobair et al., 2001, 2002; Katz, 2009; Matthews, Peterman, Delaney, Menard, & Brandenburg, 2002). Research largely has failed to examine the social support experiences and needs that affect quality of life among SMW with a breast cancer diagnosis (Arena et al., 2006; Fobair et al., 2001).

Studies of heterosexual women demonstrate that perceived emotional support, such as partners' emotional involvement after breast surgery, their willingness to communicate about difficult emotions and experiences, and their expression of empathy, markedly facilitates heterosexual women's coping and adapting to breast cancer (Fergus & Gray, 2009; Hagedoorn, Sanderman, Bolks, Tuinstra, & Coyne, 2008; Manne et al., 2006;

Purpose/Objectives: To describe the social support experiences of long-term breast cancer survivors who have female partners, from the perspective of survivors.

Research Approach: Descriptive study using qualitative methods.

Setting: United States.

Participants: A purposive convenience sample of 15 partnered sexual minority women (SMW) (e.g., women with female partners) diagnosed with nonmetastatic breast cancer from 2000–2005.

Methodologic Approach: One-on-one interviews were conducted by telephone. Interviews were semistructured through the use of an interview guide. Transcribed data were coded and analyzed to identify emergent themes.

Main Research Variables: Perceptions of support and broad aspects of the intimate partner relationship that may critically impact the psychological well-being of SMW following breast cancer.

Findings: Six salient themes describe SMW survivors' perceptions of support: (a) female partners are the singular source of survivors' most valuable support; partners support survivors by (b) discussing survivors' health and distress, which survivors associate with (c) perceived partner distress, and (d) managing the home and caretaking, which survivors associate with (e) perceived partner burden; and partners support survivors by (f) sharing in a life beyond cancer.

Conclusions: Female partners play a central and comprehensive support role as well as experience ongoing stress and burden related to survivors' cancer.

Interpretation: Future research and direct investigation may inform healthcare providers about caring for SMW and their families following breast cancer.

Pistrang & Barker, 1995; Sormanti & Kayser, 2000) and is associated particularly with decreases in women's emotional distress (Talley et al., 2010; Wimberly, Carver, Laurenceau, Harris, & Antoni, 2005). Conversely, heterosexual women report dissatisfaction and distress when they feel their partners avoid and withdraw from discussions about women's breast cancer experiences (Lichtman, Taylor, & Wood, 1988; Manne et al., 2006; Neuling & Winefield, 1988; Peters-Golden, 1982; Pistrang & Barker, 1995; Spiegel, Bloom, & Gottheil,