

Experiences of Men who Commit to Romantic Relationships with Women Under Fifty

Post Breast Cancer Diagnosis and Treatment: A Qualitative Study

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Thesis submitted to the faculty of the Virginia Polytechnic Institute and State University in

partial fulfillment of the requirements for the degree of

Master of Science
In
Human Development

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May 6, 2015
Falls Church, Virginia

Keywords: Breast cancer, dating after breast cancer, men dating survivors, transcendental
phenomenology

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ABSTRACT

This qualitative study examined the experiences of men who commit to romantic relationships with women under 50, post breast cancer diagnosis and treatment. Twelve men from throughout the United States, who were dating these women for at least six months, participated in semi-structured interviews. The data were analyzed using Moustaka's Transcendental Phenomenological approach. Findings focused on initial disclosure timing, previous experience/knowledge about the cancer, initial reactions and concerns, acceptance of the cancer history, focusing on love/connection, respecting and admiring the survivor, and the ongoing impact of cancer on the relationship. The men seemed to experience dating a survivor with acceptance, understanding that though the cancer continues to be a part of their lives, it does not seem to be the focus of their lives or of the relationship. Clinical implications are discussed, highlighting the systemic effect that breast cancer may have on a couple even after treatment is complete. Limitations and future research are examined.

Acknowledgements

I would like to acknowledge and thank my thesis chair, Dr. Angela Huebner, for her edits, advice, support and encouragement. I would like to acknowledge and thank my committee, Dr. Eric McCollum and Dr. Marjorie Strachman-Miller for their insightful comments and advice. Angela, Eric and Marjorie, I am so grateful for the guidance that all of you have given me on this thesis journey.

To all of the professors and supervisors who I've had the opportunity to learn from during my time at Virginia Tech, I acknowledge and thank you. You have not only taught me a great deal about marriage and family therapy, but about myself and about life. I have a whole different lens from which I view the world because of what I have learned from you and for that I am grateful.

To the Young Survival Coalition- I am eternally grateful! My thesis would not have happened without your help. Thank you so much for helping me with the recruiting process.

To my participants, both men and women, I thank you. I am honored that you were willing to share your powerful stories with me. I can not emphasize enough how important your stories are and how inspired I was by hearing them, and by speaking with each of you. I wish you all happiness, health and love.

I would like to thank and acknowledge my greatest support in life- my family. Mom and dad, thank you for your love, patience and support of all kinds. I am very lucky to have you. I love you. Zander, Josh and Kari, I love you guys too.

To Butters, you are my light and I love you forever. You will always be our little mischievous angel. I'm grateful to have had you in my life and I thank you for being you.

To my cohort and other VTech MFT friends, thank you for sharing your knowledge and advice, and for being supportive and insightful. I feel grateful to all of you who I've had the chance to

get to know. To Stephanie, Christina, Laura and Zara, I am so grateful for the time that we've spent together and for the friendships that we've developed. I look forward to keeping in touch and talking therapy and life with you no matter where we all live. I will miss you.

To Adam and all of my non-graduate school friends, thank you so much for being a wonderful outlet, for helping me relax, for being supportive and for letting me vent even though you didn't quite understand what I was talking about. I am done with school. Woohoo!

Finally, I thank G-d for getting me this far. Thank you G-d for watching over me, and for helping me every step of the way.

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Chapter 1: Introduction

The Problem and its Setting

Breast cancer is the second most commonly diagnosed cancer among women in the United States, aside from cancers of the skin (American Cancer Society, 2015). According to the American Cancer Society, in 2015, an estimated 231,840 new invasive cases¹ and 60,290 new in situ cases² will be diagnosed in women in the United States. Approximately one in eight women in the United States will develop invasive breast cancer at some point during their lifetime. According to the American Cancer Society (2014), about 20% of breast cancers occur among women younger than age 50.

Overall, women under 50 report greater quality of life difficulties than do older women with breast cancer (Arndt, Merx, Stegmaier, Ziegler, & Brenner, 2005; Cordova, Andrykowski, Kenady, McGrath, Sloan & Redd, 1995; Ganz, Rowland, Desmond, Meyerowitz & Wyatt, 1998; Mor, Malin, & Allen, 1994; Wenzel, Fairclough, Brady, Cella, Garrett, Kluhsman, Crane, & Marcus, 1999), and even exhibit more symptoms of PTSD post treatment (Cordova, et al., 1995). Younger women report greater body image and sexuality concerns (Ganz, et al., 1998; Spencer, Lehman, Wynings, Arena, Carver, Antoni, Derhagopian, Ironson & Love, 1999), and report difficulties in communicating with their partner (Avis, Crawford & Manuel, 2004; Ganz, et al., 1998; Walsh, Manuel & Avis, 2005), more so than do older women with breast cancer (Ganz, et al., 1998). Substantial difficulties are reported by younger women with breast cancer who are single, and among those difficulties are concerns related to dating, sexuality and fertility (Corney, Puthussery, & Swinglehurst, 2014; Ganz, et al., 1998; Gluhoski, Siegel, & Gorey, 1997; Holmberg, Scott, Alexy, & Fife, 2001; Kurowecki & Fergus, 2014).

The few studies that have focused specifically on women who are unmarried and under 50 at diagnosis, have found that relationships were a salient concern (Corney, et al., 2014; Gluhoski, et al., 1997; Kurowecki, et al., 2014). Gluhoski and colleagues (1997) found that women had fears about future relationships, about disclosing their illness, and about rejection from their partners. The women expressed negative views of their desirability, a negative body image, impaired sexuality, and feelings of loneliness. Corney and colleagues (2014) found that there were major worries about fear of rejection by potential partners due to changes in appearance, potential loss of fertility and reduced life expectancy.

Kurowecki and Fergus (2014) investigated younger single women's dating experiences with a new partner post breast cancer diagnosis and treatment. This study revealed that breast cancer survivors experience, "profound emotional vulnerability ...in relation to revealing their cancer history and physical disfigurement to a new intimate partner" (Kurowecki, et al., 2014, p. 55). The women reported that revealing their story required the presence of a "psychologically safe other" (p.55), meaning "an intimate partner who responded with acceptance and care to the woman's initial disclosure of breast cancer" (p.55). The dating process involved "tests" in which women increasingly revealed aspects of themselves and tested the man's ability to accept the breast cancer. When the men were able to do so, the new relationship often became a way through which women regained self-acceptance and self-esteem. "The experience of men's unconditional acceptance...had a profound effect on the women" (Kurowecki, et al., 2014, p. 62). Many of the women reported that their new intimate partner's love and acceptance served a healing function. But what is it like for these intimate partners? What are the experiences of these men who are passing the "tests"?

Research that exists on the "man's perspective" focuses on men who are already

committed to their partner when she is diagnosed with breast cancer. This research is helpful because it enables us to understand how men react to their partner's diagnosis and treatment. It also highlights the necessity of research examining the experiences of men who pass the "tests," and choose to commit to women after learning about the breast cancer diagnosis and treatment.

Men already committed to their partners when they were diagnosed reported feelings of shock and disbelief to their partner's diagnosis of breast cancer (Forrest, Plumb, Ziebland & Stein, 2009; Lethborg, Kissane & Burns, 2003; Zahlis & Shands, 1991), and reported feeling helpless and powerless (Lethborg, et al., 2003; Zahlis & Lewis, 2010, Zahlis & Shands, 1991). Men reported feeling scared of what the future might bring (Lethborg, et al., 2003; Zahlis & Lewis, 2010; Zahlis, et al., 1991), and reported difficulties in communicating with their spouse about the cancer (Zahlis, et al., 2010).

Men whose wives had undergone mastectomies and/or mastectomies with reconstruction reported levels of distress no different than the levels of distress experienced by their wives (Northouse & Swain, 1987). Some researchers found that men reacted to mastectomies by reporting that the physical disfigurement was shocking, that they were saddened by the loss of the breasts (Zahlis, et al., 1991), and that the altered physical appearance negatively impacted their physical relationship (Zahlis, et al., 2010). Other researchers found that husbands reported that the mastectomies did not affect their physical relationship, and felt that the preservation of life was the main priority (Hoga, et al., 2008).

Regarding reactions to partner's reconstructed breasts, some men reported feeling positive, while others reported feeling shocked by the appearance (Sandham & Harcourt, 2007). Many men reported, however, that reconstructive surgery did not negatively affect their physical relationship (Marshall & Kiemle, 2005), though some reported fear of hurting the women while

being intimate (Marshall, et al., 2005; Sandham, et al., 2007). Men also reported difficulty in communicating with their wives about the treatment and about their physical relationship post treatment, as they reported not wanting to upset their wives (Marshall, et al., 2005).

Because there are women who are younger, single and seeking to form romantic relationships post-diagnosis, further research was required to examine the perspective of men who chose to date and commit to women who reveal that they have already been diagnosed with breast cancer and may have already undergone a mastectomy and/or reconstruction.

I interviewed men, asking them about their thoughts, feelings and behaviors, as they and their significant other progressed in their relationship, which began post-breast cancer diagnosis and treatment.

Significance

“The breast in North American culture has greater significance than merely a body part; breast are related to feminine identity, womanhood, sexuality, attractiveness, nurturance, and motherhood” (Pikler & Winterowd, 2003, p. 632). As the five-year relative survival rate³ remains high, at 90% (American Cancer Society, 2014), there are many women living and coping with the diagnosis and treatment of breast cancer, including women in young and early-middle adulthood whose goal may be to find intimacy and launch a family (Steinberg, Bornstein, Vandell, & Rook, 2011). As previously mentioned, single women with breast cancer under 50, were highly concerned about future relationships (Corney, et al., 2014; Gluhoski, et al., 1997; Kurowecki, et al., 2014), and felt negatively about their bodies and about their desirability (Gluhoski, et al., 1997).

Understanding the experiences of men who date and commit to these women, could provide hope for single women who fear dating under these circumstances. Allowing single

women to hear what these men thought, felt and experienced along the way could provide them with insight into what their potential dates could think, feel and experience. This information could be highly useful in allaying the fears that these women may have.

This information could also be helpful for men who are contemplating dating women in this situation. Understanding what it was like for others to date women who have experienced breast cancer may help provide them with information not otherwise available. The research on men whose wives/partners have breast cancer has revealed that the men are fearful of what the future might bring, and what life would be like if the illness re-occurred (Lethborg, et al., 2003; Zahlis, et al., 1991). Although women may be post-treatment when they start dating someone new, the fear of the future may still be present for these men, and it is important that these men be able to voice their concerns.

Rationale

In order to understand the man's experience of dating and committing to a relationship with a woman post diagnosis and treatment of breast cancer I interviewed men using semi-structured interviews, which occurred over the phone. I interviewed 12 men in order to understand their experiences.

In order to do this, I sought men who were in committed heterosexual relationships that began post diagnosis and treatment. I examined what the men experienced in learning about the breast cancer diagnosis, and how they felt the cancer and any treatment (mastectomy and reconstruction) affected their current relationship. The goal of my research was to fully understand the men's experience.

Theoretical Framework

Understanding what men experience as they date and commit to a relationship with a

woman post diagnosis of breast cancer was viewed through the lens of systems theory and through using a transcendental phenomenological approach.

Through the lens of systems theory, families are systems and family members are “sub-systems interacting with and within the whole” (Forrest, et al., 2009, p. 101). Systems theory emphasizes the interrelatedness of family members and how they affect one another (Minuchin, 1974). When an illness occurs, the effects “reverberate throughout the family system” (Northouse & Swain, 1987, p. 221), and the family should be viewed as a “unit of people who are also experiencing the cancer crisis” (Northouse, et al., 1987, p. 221). Although the man is not necessarily a part of the diagnosed woman’s family, he is choosing to date and commit to her, knowing that he may be experiencing after-effects of this crisis or a recurrence of this crisis with her in the future.

Phenomenological family therapy research, “describes the common meaning for several individuals of their lived experiences of a...phenomenon” (Creswell, 2013, p.76). The purpose of phenomenology is to focus on what those individuals have in common as they experience a phenomenon, leading to a description of a “universal essence” (Creswell, 2013, p.76). This universal essence includes a description of the “what” the individuals experienced, and “how” they experienced it (Creswell, 2013, p.76). Moustakas’ (1994) transcendental phenomenology approach focuses more on the description of individual’s experiences and less on the interpretations of the researcher. According to this approach, the researchers set aside their own experiences with the goal of having a fresh perspective towards the phenomenon being researched.

Through the lens of systems theory and using a transcendental phenomenological approach, I developed a greater understanding of what men experience and how they experience

it, as they date and commit to women post breast cancer diagnosis and treatment.

Purpose of the Study

The purpose of this phenomenological study was to gain a greater understanding of the men's experience of dating and committing to women post breast cancer diagnosis and treatment. As the researcher, I explored shared experiences of men who began dating women post breast cancer diagnosis and treatment, and I attempted to develop a deeper understanding of their experiences.

My research question is:

What is the man's experience of dating and committing to a relationship with a woman whom he started dating post diagnosis and treatment of breast cancer?

My sub-questions are:

What is the man's experience of and reaction to the initial disclosure?

What is the man's perception of how the breast cancer and any treatment, have affected their relationship?

Chapter 2: Literature Review

In this chapter, I focus on difficulties faced by younger breast cancer survivors, specifically those under age 50. I then focus on difficulties faced by those who are under 50 and single. I explore the men's perspective of their significant other's breast cancer diagnosis and treatment, and discuss the necessity of research exploring the experiences of men who form romantic relationships with younger women post breast cancer diagnosis.

Difficulties Faced by Young Women Diagnosed with Breast Cancer

Overall quality of life. A number of studies have shown that younger women have more trouble adjusting to breast cancer and have a poorer quality of life following a diagnosis as compared to older woman (Arndt, et al., 2005; Cordova, et al, 1995; Ganz, et al., 1998; Mor, et al., 1994; Wenzel, et al., 1999).

Mor and colleagues (1994) compared younger breast cancer patients (24-54) with older breast cancer patients (55 and older) on quality of life measures. Women were given the Mental Health Inventory (MHI-5), a five item scale used in medically ill populations (Stewart, Hays & Ware, 1988), a Treatment Impact Scale developed by the study researchers, measures of financial impact, the Activities of Daily Living Index (ADL) and the Instrumental Activities of Daily Living Scale (IADL) (Lawton & Brody, 1969). Researchers found that although there were no overall differences on the MHI-5, significant age differences were found in the two items asking about happiness and calmness, with older women describing themselves as happier and calmer than younger women. Younger breast cancer patients reported significantly higher numbers of unmet needs in the areas of child-care tasks and administrative tasks. Younger women reported greater difficulty tolerating chemotherapy and maintaining their daily routine. Younger women also reported experiencing greater financial problems because of the illness.

These age related differences persisted even when controlling for disease severity, family income, education, marital status and social support (Mor, et al., 1994).

Ganz and colleagues (1998) examined 864 women between one and five years post breast cancer diagnosis. They compared women under 50, 50-59, and over 60 years old, and found that on the Center for Epidemiological Studies-Depression Scale (Radloff, 1977), women over 60 reported the lowest depression scores, and women under 50 reported the highest. On the Rand Short Form Health Survey (Hays, Sherbourne & Mazel, 1993), though women under 50 reported better physical health than did older women, women under 50 reported the lowest scores in emotional well-being.

Wenzel and colleagues (1999) examined early stage breast cancer patients⁴ less than two months after treatment. The women completed the Functional Assessment of Cancer Therapy-Breast (Brady, et al., 1997), a 44 item self-report instrument to measure quality of life in breast cancer patients. The FACT-B includes subscales of physical well-being, functional well-being, emotional well-being, social well-being and additional breast cancer concerns. Researchers compared the results of younger (under 50) and older (greater than 50) women, while controlling for treatment differences, and found that younger women reported a significantly worse overall global quality of life on the FACT-B. On the subscales, there were significant differences between younger and older women on emotional well-being and on cancer specific concerns, with younger women reporting lower scores on emotional well-being and reporting more concerns than older women. They also reported more disease-related concerns and depression.

Arndt and colleagues (2005) examined the quality of life of 314 women during the first and third year after diagnosis of breast cancer. The 314 women with breast cancer completed the Quality of Life Questionnaire (QLQ-C30) (Aaronson, et al., 1993) and their scores were

compared with data the researchers had on the same questionnaire examining the general population. At three years after diagnosis, the differences between women with breast cancer and women of the general population were found to be greater for the younger age groups than for the older age groups. Younger women with breast cancer reported the greatest differences from the general population on role functioning, social functioning, emotional functioning and cognitive functioning. Minor differences were reported in physical functioning and global health.

Not only are younger women more likely to report differences from older women in overall quality of life, but Cordova and colleagues (1995) found that younger women are more likely to display PTSD-like symptoms than older women. Cordova and colleagues (1995) assessed 55 women with early stage breast cancer who were six to 60 months post-treatment, using the Impact of Events Scale (IES) (Horowitz, Wilner, & Alvarez, 1979) and the PTSD Checklist- Civilian Version (PCL-C) (Weathers, Huska & Keane, 1991). Age at the time of interview was a predictor variable being correlated with the total scores of each scale, and researchers found that age was significantly negatively correlated with both scales. Younger women reported greater PTSD-like symptoms.

Body image and sexual concerns. Younger women diagnosed with breast cancer report body image concerns (Avis, et al., 2004; Avis, Crawford & Manuel, 2005; Ganz, et al., 1998) and sexual concerns (Avis, et al., 2004; Spencer, et al., 1999). According to researchers, they report greater concerns regarding body image than do older women (Ganz, et al., 1998). Though younger women may report more sexual concerns (Spencer, et al., 1999), researchers find that they function better sexually than do older women (Ganz, et al., 1998).

Ganz and colleagues (1998) asked 864 women to complete Breast Cancer Prevention Trial (BCPT) checklist (Ganz, Day, Ware, Redmond & Fisher, 1995) and found that that being

unhappy with bodily appearance was a problem for 75.3% of the patients under 50, 66% of those between 50-59, and 64.9% of those over 60. Though bodily appearance was a concern for all three groups, it was reported the most by those under 50. Participants also completed the Cancer Rehabilitation Evaluation System (CARES) sexual functioning subscale (Ganz, Schag, Lee, & Sim, 1992) and researchers found that women under 50 scored higher in sexual functioning than the other two age groups. There was no difference between age groups in sexual satisfaction.

Although younger women may have scored higher in sexual functioning, in a study of 223 women who were treated for early stage breast cancer, Spencer and colleagues (1999) found that younger women reported significantly more sexual concerns and partner related concerns than did older women. Participants rated their concerns from “not at all concerned” to “extremely concerned” on a list of items from the Profile of Concerns about Breast Cancer (PCBC), a questionnaire created by researchers for this study. Age effects were tested, controlling for chemotherapy status and procedure, and researchers found that age was inversely related to partner concerns (e.g. “that your partner (or a potential new partner) will reject you because of the tumor or your treatment” (p.161)), and to the sexuality issues factor (e.g. “that the treatment will make you less desirable sexually” (p.161)).

Several researchers chose not to compare older versus younger women, but instead focused solely on those under 50 (Avis, et al., 2004; Avis, et al., 2005). Avis and colleagues (2004) examined 204 women diagnosed with breast cancer at age 50 or younger. Women were given a questionnaire including standardized measures from the CARES and open-ended questions asking women about their experiences. Sexual interest was less of a reported problem for the women, though sexual dysfunction and body image were reported to be of moderate concern. Avis and colleagues (2005) had 202 women who were diagnosed with stage I through

III breast cancer age 50 or younger, from four to 42 months post diagnosis, complete surveys. One of the surveys was a list of 15 symptoms and women had to rate how bothered they had been by each symptom in the past four weeks. These symptoms came from the Breast Cancer Prevention Trial Symptoms Checklist. Unhappiness with appearance was the most prevalent symptom with 77.5% of the women reporting it. An average of only 35% reported pain with sexual intercourse, and this symptom seemed to increase with age.

Marital concerns. Researchers found that younger women with breast cancer have difficulty communicating with their partners (Avis, et al., 2004; Ganz, et al., 1998; Walsh, et al., 2005), more so than older women with breast cancer do (Ganz, et al., 1998).

As previously mentioned, Ganz and colleagues (1998) examined 864 women between one and five years post breast cancer diagnosis. They compared women under 50, 50-59, and over 60 years old. They asked the women to complete the Dyadic Adjustment Scale (Spanier, 1976), a widely used measure of intimate relationship adjustment/satisfaction, and the CARES subscale for communication and affection with their partner. Researchers found that the women's overall scores fell within normal range on the DAS, though there was an age-related trend with the youngest group reporting the most difficulty in relationships. On the CARES subscales, the oldest women reported the least difficulty communicating with partners, which was significantly different from the other two groups of women. There were no significant differences in affection reported between groups.

As previously mentioned, Avis and colleagues (2004) examined 204 women diagnosed with breast cancer at age 50 or younger, by having them complete standardized measures from the CARES. They found that relationships with partners were not a problem, though the biggest reported relationship problem area was communication. Women reported that the biggest

communication problem had to do with talking about what might happen after the women's death (Avis, et al., 2004).

Walsh and colleagues (2005) conducted a study examining the impact of breast cancer on younger women's relationships with their partner. Two hundred twenty women age 50 or younger at diagnosis, diagnosed with stage I, II, or III breast cancer in the past three years, completed the marital subsection of the CARES. The scale consisted of 18 questions about a woman's relationship with her partner, including communication, affection, interaction, partner neglect, and overprotection. Overall affection, interaction and partner neglect were not reported to be major problems among the women, however, communication with partner was reported to be more of a problem. Specifically, women reported that talking about what may happen after death was problematic, as well as talking about cancer, discussing fears related to cancer, discussing wills and financial arrangements, talking about the future and talking about feelings (Walsh, et al., 2005). One hundred twelve women also completed a qualitative part of this study, answering open-ended questions that were then analyzed using content analysis. Seventy five percent of the women reported that they and their partner became closer as a result of breast cancer, though 25% reported relational strain following diagnosis, resulting from communication avoidance (Walsh, et al., 2005). Some of these women reported they wanted to discuss these feelings with their partner but perceived their partner to be emotionally unavailable. Some of the women reported that their relationships ended post-breast cancer diagnosis, saying that their partner initiated the separation, with the reason mostly being the partner's inability to cope. A few women ended their relationship at this time because they felt their husbands were not emotionally supportive (Walsh, et al., 2005).

Dating and mating concerns: being under 50 with breast cancer and single.

Substantial difficulties are reported by younger women with breast cancer who are single, and among those difficulties are concerns related to dating, sexuality and fertility (Corney, et al., 2014; Ganz, et al., 1998; Gluhoski, et al., 1997; Holmberg, et al., 2001; Kurowecki, et al., 2014).

Ganz and colleagues (1998), as mentioned, examined 864 women between one and five years post breast cancer diagnosis. They compared women under 50, 50-59, and over 60 years old. Unpartnered women completed the CARES dating subscale. Of those who were unpartnered, 95% of women under 50 reported an interest in dating, with 50% of those saying they were very interested. Overall, the unpartnered women expressed substantial concerns about dating issues, for example, telling the date about cancer, and fear of initiating a sexual relationship. Single women over 60 reported significantly fewer concerns than the 50-59 and the under 50 groups, with those under 50 reporting the most concerns. In Avis and colleagues' study (2004), as mentioned, women under 50 completed the CARES scales. The 17 women who were single, expressed dating concerns. Specifically, they mentioned difficulty in initiating contacts with potential dates and being afraid to initiate a sexual relationship.

In a qualitative study examining relationship issues of women with breast cancer, Holmberg and colleagues (2001) interviewed 10 women, four of whom were unpartnered. One major theme was that of intimate relationships and sexual functioning. Researchers found that the emotional tone associated with sexuality between partnered and unpartnered women was distinct, with unpartnered women being more angry, sad and hurt than the partnered women. These women reported concerns about how to disclose information to a new partner about the cancer diagnosis, and voiced fears of being found sexually undesirable and of not being able to find another intimate relationship. In addition, Holmberg and colleagues (2001) found that when

breast cancer became the cause for ending an unhappy relationship, the break up happened early on during treatment, and afterwards, these women then went on to have less social support from family and other networks.

Few studies have focused specifically on women who are unmarried and under 50 at diagnosis. Gluhoski and colleagues (1997) examined stressors experienced by unmarried women with breast cancer who were under 50 at age of diagnosis (M= 33.5 years old), Corney and colleagues (2014) examined stressors experienced by single childless women with breast cancer who were under 50, and Kurowecki and colleagues (2014) examined dating post-breast cancer by interviewing women in new relationships who were primarily under 50 years old.

Gluhoski and colleagues (1997) interviewed 16 women who had been diagnosed with early stage breast cancer (stage I and II), ranging in age from 22 to 42, who had completed treatment at least six months prior to the study. This powerful study reveals the difficulties faced by women under 50 who are diagnosed with breast cancer, and are single. In-depth interviews were conducted and five themes emerged from a thematic analysis of the women's interviews. The first theme was that of pessimism regarding future relationships. Dating was a salient concern for these women. They were afraid they would not be able to attain a long-term committed relationship, and believed that the number of partners was limited because of their illness (Gluhoski, et al.,1997). These assumptions were either the result of women becoming more selective after the illness, or women expecting that men would find them to be less appealing. The second theme related to fears about disclosing their illness. The women struggled with the when and how of sharing information about breast cancer with the partners. For several women, the discomfort of discussing the cancer and fear of rejection led them to avoid new relationships.

The third theme was that of negative body image and impaired sexuality. Their experience influenced how they viewed their bodies and sexuality, especially among those who lost a breast. These women were more likely to avoid sexual relationships because they feared rejection. The fourth theme was that of fear of rejection by partners. Women talked about actual or expected rejection by partners because of the cancer. The final theme was that of a sense of isolation and inadequate support. The women described how difficult it had been to go through treatment without the help and emotional support of a partner (Gluhoski, et al., 1997).

Corney and colleagues (2014) focused their research on 10 single childless women after their first episode of breast cancer. The women expressed worries over partnership issues, expressing concerns about having to undergo treatment without someone to support them emotionally and practically. The absence of a partner meant that there was often no one at home to help them get through treatment. Similar to previous findings, there were major worries about fear of rejection by potential partners due to changes in appearance, potential loss of fertility and reduced life expectancy.

Women reported being concerned over time lost. Women saw the time of life they were in as time for meeting a partner, settling down and having children. Having cancer meant to them that time was lost during this phase. The women also expressed fertility concerns, saying that because they were single, they did not have the option for Assisted Reproductive Technologies, as couples did.

Kurowecki and Fergus (2014) took the research of single women with breast cancer a step further by investigating how these women established new intimate relationships post-breast cancer diagnosis. They examined the concerns of these women, and how they were overcome. They investigated how the women went about disclosing their past, and examined the role that

cancer played in the new relationship.

They interviewed women who were in committed heterosexual relationships, meaning the couple had been dating at least six months or longer, and the relationship began post diagnosis. Thirteen of those women were in newly established relationships, while two of those women were single. This study revealed that breast cancer survivors experienced, “profound emotional vulnerability ...in relation to revealing their cancer history and physical disfigurement to a new intimate partner” (Kurowecki, et al., 2014, p. 55). The women reported that revealing their story required the presence of a “psychologically safe other” (Kurowecki, et al., 2014, p.55), meaning “an intimate partner who responded with acceptance and care to the woman’s initial disclosure of breast cancer” (Kurowecki, et al., 2014, p.55). The dating process involved “tests” (p.55) in which women increasingly revealed aspects of themselves and tested the man’s ability to accept and accommodate to the woman’s breast cancer history.

The establishment of a new relationship happened in stages including, 1) Losing and regaining self and bodily esteem, which relates to women’s struggles with the impacts of the illness and reclaiming self and bodily esteem after treatment; 2) Taking the leap: Dating and the obligation to disclose, which is the “process of dating and testing the new partner for his ability to accept the breast cancer” (Kurowecki, et al., 2014, p.56) and 3) Reclaiming the self through the new relationships, which relates to ways the cancer was negotiated into the relationship and how this new relationship became a way through which women gained self-acceptance.

Several of the women revealed that they felt they had been abandoned by previous partners early on after the diagnosis, and this had a negative impact on their self-esteem. The women revealed that the men “withdrew and distanced themselves from the women and their cancer” (Kurowecki, et al., 2014, p. 56). The women reported distancing also took place

sexually, with couples' sex lives ceasing after treatment.

One third of the women experienced a breakup post diagnosis, but all women experienced some attack to their self/bodily-esteem because of treatment effects (i.e. scarring, mastectomy, hair loss, weight gain). Many women expressed hatred towards their body and expressed feeling as if they had lost a part of their femininity along with their breasts, with a few women equating the loss of a breast to the loss of womanhood. A few of the women were less devastated, but they tended to be older (Kurowecki, et al., 2014). Women who experienced disfigurement felt as though they were not good enough as a partner. Those who compared themselves with women not affected by breast cancer reported feeling as though they were second rate. Nevertheless, the women felt it was important to accept their bodies in order to regain self-esteem. Many of the women spoke about this acceptance as a process, which differed for each woman. The women also reported coming to terms with the impact of the diagnosis and incorporating cancer into their sense of self.

Regarding dating, the women varied in terms of how long after their diagnosis they started dating, with some entering relationships soon after diagnosis and others waiting until after treatment. The women seemed to have ideas of the type of men who they could date: men who could cope with cancer and breast loss or disfigurement, for example, older men or men who had past experience with cancer. Some of the women thought of this person as someone who had his own feelings of inferiority, maybe someone with medical issues or someone who was not as physically attractive. Regarding personality, however, the women reported being more strict and talked about holding out for someone who would treat them very well.

After meeting a partner, disclosing the cancer history was a top concern for many of the women. They found this disclosure to be difficult because of fear of rejection. Most women

agreed they had to verbally disclose early on before physical disclosure, so as to warn the men: “It’s kind of like there’s two conversations: there’s the conversation about like ‘oh by the way, I had cancer and yes, I will be okay’...But then it’s like okay, ‘and this is what my body looks like’ ” (p.58). For all women, verbal disclosure of cancer was the first test of the partner’s ability to accept the cancer. If the man passed, then the relationship could continue on to the physical level, but if not, the relationship would end. When it came to intimacy, the women were, “highly attuned to the potential to be hurt by a man who showed any degree of repulsion and safeguarded themselves from possible rejection by allowing only the men who had ‘passed’ the first test of verbal disclosure to proceed to the ultimate test of intimacy” (Kurowecki, et al., 2014, p.59). Many women felt that the verbal disclosure had to include a description of their scars, which was in a sense, “inoculating their partner” (p.59). Women reported gradually preparing the men by educating them about treatment, reconstruction, and the scars, and then showing them the prosthesis and the scars gradually. Many of the women reported feeling anxious and wanting to hide their disfigurement at first, keeping the lights dimmed and scars covered. A few, however, chose to reveal the mastectomies from the beginning.

Women reported that the majority of the partners were receptive to the disclosures, showing interest in the experience instead of withdrawing. Women reported that most men showed a “surprising lack of concern” (p.59) and told the women that their cancer history did not matter to them. The more the partners displayed acceptance, the more revealing the women became of their bodies, however, not all women ended up revealing their bodies fully to their partners even with time.

The women who found accepting partners, perceived themselves to be “lucky” and the men to be “special” (p.59). Those women reported that their men seemed to be more open

mindful about adapting their lives to accommodate the women's limitations due to breast cancer. Kurowecki and Fergus (2014) reported that a "prototype" (p. 60) emerged of a type of partner who was "warm, empathic, strong, solid and unwavering" (p.60), and would not only accept them but also not abandon them in case of a recurrence. According to the women, the qualities of their new partners and their changed values post-breast cancer enabled them to develop stronger relationships. Women who were satisfied reported experiencing deeper connections. There were women, however, who were not satisfied but were not sure they could find better and questioned whether or not they'd be settling.

A common feature of the successful new relationships was for the men to "accept unconditionally the role of cancer as an inevitable part of the couple's life" (Kurowecki, et al., 2014, p.60). Even if the cancer was not at the front of their minds, it still held a presence within their lives, for example, during follow up appointments.

These new relationships with supportive and committed partners, often became a way through which women regained self-acceptance and self-esteem. "The experience of men's unconditional acceptance...had a profound effect on the women" (Kurowecki, et al., 2014, p. 62). Many of the women reported that their new intimate partner's love and acceptance served a "healing function" (p.62). Women who reported that their partners were not fully accepting, were less able to accept themselves.

Dating for single women under 50 who are diagnosed with breast cancer is a difficult process, though it seems that once they have found a partner who has passed their "tests," with whom they are satisfied, these relationships may be a part of the healing process.

What are the experiences of the men who are passing these "tests"? The research that exists on the "man's perspective" focuses on men who are already committed to their partner

when she is diagnosed with breast cancer. This research is helpful because it enables us to understand how men react to their partner's diagnosis and treatment. It also highlights the necessity of research examining the experiences of men who pass the "tests," and choose to commit to their partner after learning about the breast cancer diagnosis and treatment.

The Man's Perspective of Breast Cancer and Treatment

This section covers how men who were already dating or married to their partners at the time of diagnosis reacted to the diagnosis and treatment.

Partner's reaction to the breast cancer diagnosis. Significant others report facing trauma when their wives/girlfriends were diagnosed with breast cancer (Lethborg, Kissane & Burns, 2003). Lethborg and colleagues (2003) conducted a qualitative study in which significant others of women with early stage breast cancer (stages I and II) who had been treated with chemotherapy, were interviewed. The interviews took place between two weeks prior and four weeks following the completion of treatment. These men reported feelings of shock and disbelief that this diagnosis could happen to a loved one. One participant reported that he felt the diagnosis "borders close to death" (p.68). The men reported feeling panic that they needed to do something about the situation: "I wanted to help as much as I could but I didn't really...know how" (p. 71). The men reported feeling helpless during the treatment phase, and one man reported feeling frustrated and angry about the diagnosis and the pain of seeing his wife suffer.

Many men reported trying to take control by placing themselves in the role of caregiver. The men often reported putting their own pain to the side, in order to support their loved one: "my needs or feelings were irrelevant compared to what she was going through" (p.74), yet trauma for the majority of significant others was extreme. Half of the significant others reported feelings of isolation and did not believe they received enough help or support. They also reported

feeling exhausted. Although treatment was over, half of them discussed concern over their loved one's future, and stated that they understand "it isn't over" (p.80) just because treatment has finished.

Similarly, Zahlis and Shands (1991) interviewed partners of 67 women diagnosed with breast cancer within the previous two and a half years, and the men (ages 28-63) reported feelings of shock and disbelief at their partner's diagnosis. They described feelings of "fear, remorse, loss and sadness as well as feeling physically ill" (p. 82). Some of the men reported that watching the effects of the illness on their partner was difficult for them. Most of the men described their attempts to deal with the illness, including learning about the illness, making a decision about treatment, waiting to find out how serious the illness was, and dealing with physicians, treatments and the world around them. The majority of the men reported they lacked knowledge about breast cancer and wanted to learn more about it so they could help make a decision about treatment. Most of the respondents reported the abundance of changes to their work schedules to accommodate new responsibilities at home, and the stress that came along with that.

Similar to Lethborg and colleagues' (2003) participants, the men reported feeling the need to be supportive and strong for their partners. Men reported showing support in various ways including taking women to treatment, being more attentive, and being available physically and emotionally. Many of the participants expressed fear of the unknown about the uncertain future and what life would be like if the illness re-occurred or if their partner died. Many reported feeling overwhelmed by the thought of being without their partner. A few of the men reported difficulty in communicating with their partner what was happening as a result of the cancer. One participant reported that the cancer "magnified the flaws" (p.91) in their

relationship.

Zahlis and Lewis (2010) chose to focus on husband's experiences of their wives diagnoses within the first six months of the diagnosis. They interviewed 48 husbands (ages 31-68) of women newly diagnosed with stage I or II breast cancer. The husbands reported that they viewed the breast cancer diagnosis as "unexpected, sudden and emotionally overwhelming" (p. 5). Like those in the previous studies, these men reported feeling helpless. They described their responses as "shock, rage, devastation, sadness, fright, grief, worry and guilt" (p.5). Spouses reported feeling guilty for not being able to protect their wives from what was happening, and felt powerless because there was nothing they could change about the situation. Spouses reported feeling worried about what the cancer meant for the wives' mental and physical health and future health.

The husbands reported that the cancer changed their relationship. For some, they felt it brought them closer together as they approached breast cancer as a team. For others, they felt the cancer challenged their relationship and created tensions between them. These husbands reported difficulty in talking with their wives about breast cancer. The husbands reported that it also affected their parenting, not knowing what to say to their children, and also not having time to do fun things together because they had a lack of time and energy (Zahlis, et al., 2010).

Forrest and colleagues (2009) interviewed fathers (mean age= 46) whose partners were receiving breast cancer treatment at a cancer center. This study focused primarily on father's parenting when the mother has breast cancer. Similar to Zahlis and Lewis' (2010) participants, the women were between two and five months of initial diagnosis. Twenty-six fathers, with children between ages of six and 18, were interviewed about their experience of coping with their partner's illness. The fathers described their reactions to the news of their partner's breast

cancer. They reported feelings of shock, worry, and distress. Some reported anger and frustration at their inability to be effective in the face of their partner's illness. Fathers reported taking on a number of additional roles in the family including a "practical" (p.98) role, maintaining routines at home, an "informing and answering questions" (p.98) role, providing information about the mother's illness and treatment, a "provider of reassurance and support" (p.98) role, being a calm, strong and in control parent, and a "managing emotions and behavior" (p.98) role, helping the children manage their emotional and behavioral reactions to the mother's illness. The men maintained all these roles while also managing the demands of work. The men reported battling with their own emotions while trying to protect their children. Many reported concealing their emotions so their children would not be upset. The men reported not being prepared for their wives emotional and behavioral changes due to chemotherapy, and felt that maintaining a stable emotional environment at home was difficult during this time. Fathers reported not wanting to take time from the clinician, but wishing they had more information from the clinician about breast cancer, surgery, and cancer treatment and side effects, helping them to better explain things to their children.

In a quantitative study, Wagner and colleagues (2006) compared the quality of life of husbands of breast cancer patients (including all stages of cancer) with spouses of healthy wives. Wagner and colleagues (2006) gave 79 husbands of patients and 79 control husbands survey packets. The survey packets measured quality of life using the Medical Outcomes Study SF-36 questionnaire (Ware & Sherbourne, 1992). No significant differences in demographic characteristics were found between the two groups. Spouses of breast cancer patients reported statistically significant lower quality of life in general health, vitality, the extent to which emotions interfere with work or daily activities, and in mental health. It seems that partners of

breast cancer patients are highly affected by the diagnosis.

Partner's reaction to mastectomy and reconstruction. Much of the research focusing on men's perspective of breast cancer focuses on their reactions towards women's mastectomy and reconstruction.

Northouse and Swain (1987) revealed that husbands of breast cancer patients undergoing mastectomies experience levels of distress that are not significantly different from the levels of distress experienced by their wives. This quantitative study compared the psychosocial adjustment of 50 breast cancer patients and their husbands three days after surgery and thirty days later. Psychosocial adjustment was measured using the Affects Balance Scale (Derogatis, 1975a), the Brief Symptom Inventory (Derogatis, 1975b) and the Psychosocial Adjustment to Illness Scale (Derogatis, 1975c). Repeated measures analysis shows that husband's scores did not significantly differ from their wives' scores across times on the amount of symptom distress and on adjustment measures that assessed level of mood. Both report levels of distress significantly higher than the levels reported for the normal population.

Zahlis and Shands (1991) interviewed the partners of 67 women diagnosed with breast cancer. Forty of the 67 women had undergone a mastectomy. The men ranged in age from 28 to 63 years old. One man whose wife had a mastectomy said that, "the physical disfigurement was shocking" (p.83). Others were afraid that the women would not allow them to see the scar and share in their experience. Some were saddened by the loss of the breast and wondered how they would cope with that loss themselves: "I didn't know how she was going to cope with this new body. I didn't know how I was going to deal with it" (p.83).

Zahlis and Lewis (2010) interviewed 48 husbands (ages 31-68) of women newly diagnosed with stage I or II breast cancer. The husbands in this study reported that the cancer

negatively affected their physical relationship. The men felt that the changes in their intimate relationships had to do with the wife's altered physical appearance, "including her being bald, side effects from her treatment; her surgical scar and tubes; her reticence to show him her scar or breast; her self-consciousness about how she looked; his ambivalence in wanting to see her breast; his own concerns about being physically responsive to her; her lack of sensation in her affected breast; and his awareness that she was sore from the surgery and his fear he would hurt her" (p.7).

Hoga and colleagues (2008), however, found that husbands whose wives had mastectomies, did not feel that the mastectomy interfered with their relationship. They interviewed 17 men, ranging in age from 54-84. These men felt that preservation of life was their main priority, and reported that they were most concerned with providing support for their wives. The husbands also reported that the mastectomies did not affect intimate relations between them. These men felt that their marriage no longer centered around the sexual aspect of their relationship. The men in this study were older than the men in Zahlis and Shands's (1991) and Zahlis and Lewis' (2010) studies, which is a potential reason for the differing responses towards the loss of women's breasts.

Sandham and Harcourt (2007) examined partner's experience of breast reconstruction following mastectomy. Semi-structured interviews were conducted with six men whose partners had undergone the initial breast reconstructive surgery within the previous two years. The men ranged in age from 43 to 64. Five out of six men reported that reconstruction was not important to them but they would be supportive of their wives decision. One man, however, reported that he would not have agreed to his wife having the mastectomy without the reconstruction. Reactions to the partner's reconstructed breast after surgery varied. Some participants felt

positive, while others reported feeling shocked by the appearance and feared that intimate contact would hurt the partner. Some reported avoiding touching the breast because of this.

Similarly, Marshall and Kiemle's (2005) 10 male partners of women undergoing breast reconstruction, ages 42-63, reported anxiety about damaging the reconstructed breast. The men reported feeling worried about hurting their wives while touching the breast. The men also reported concerns about how the reconstructed breasts would look and how the reconstruction would impact their sexual relationship (Marshall, et al., 2005). Similar to Hoga and colleagues (2008), the men reported that the most important thing "was that their wife/ partner would survive the cancer; breast loss in comparison was of no concern" (Marshall, et al., 2005, p. 169).

The men also felt that they would have liked more information on what was to come. For example, pictures of breast reconstruction were seen as helpful. Partners also felt that having information about their sexual relationship towards the end of treatment, would have been helpful as well (Marshall, et al., 2005).

The majority of partners felt that the reconstructive surgery had had no impact on the sexual relationship, though for some the desire "had lessened because of the cancer experience" (Marshall, et al., 2005, p. 172). Some partners felt anxiety about saying or doing the wrong thing while being intimate. As mentioned above, partners also reported anxiety about touching their wife's breasts out of fear of damaging and hurting their wife. They also reported that because of loss of sensation for their wife/partner they felt that touching the breast would not be of any benefit sexually. Some reported that their sexual relationship returned to the pre-diagnosis frequency, while others reported a decrease, but did not perceive that this was a negative change. They felt that their relationship was just different (Marshall, et al., 2005).

The partners interviewed in this study felt that communication about treatment was

important, however, some men reported closed communication about their feelings because they did not want to hurt their wives feelings. They reported feeling that closed communication would protect their wives from additional stress. Men also reported closed communication related to sexual relationships and concerns, again so as not to upset their wives (Marshall, et al., 2005).

While some partners felt that the experience did not impact their relationship, others felt it brought them closer together. Few reported that it had a negative impact on their relationship, and those who did, reported prior relationship issues (Marshall, et al., 2005).

More Research was Needed

The research above focused on men who were already dating/married to/committed to their partners when the diagnosis took place. Because there are women who are younger, single and seeking to form romantic relationships post diagnosis, further research was required to examine the perspective of men who choose to date and commit to women who reveal that they have already been diagnosed with breast cancer and may have already undergone a mastectomy and/or reconstruction. How did the man experience dating and committing to this woman?

My research question is:

What is the man's experience of dating and committing to a relationship with a woman whom he started dating post diagnosis and treatment of breast cancer?

My sub-questions are:

What is the man's experience of and reaction to the initial disclosure?

What is the man's perception of how the breast cancer and any treatment, have affected their relationship?

Chapter 3: Method

Design of the Study

This study utilized a transcendental phenomenology approach (Moustakas, 1994), focusing less on my interpretations as a researcher and more on the descriptions of the experiences of participants. I attempted to set aside my own biases and experiences, and take a fresh perspective towards the phenomenon under examination. I bracketed out my own experiences and collected data from those who experienced the phenomenon. Bracketing is a process where researchers set aside their own biases to be more open to the phenomenon of study (Colaizzi, 1978).

I was biased towards the belief that dating while facing an illness as serious as cancer could be extremely difficult. As a young adult I recognize the important role that body image and body esteem play in dating, and I can't imagine how difficult it must be for women to put themselves out there after facing both an illness and potential body disfigurements. I went into this research process expecting that the men who date and commit to these women must be "warm, empathic, strong, solid and unwavering" (Kurowecki, et al., p.60), as the women had described them. I was curious and eager to examine and understand their perspective. By bracketing these beliefs I tried not let those beliefs affect how I asked my questions, the wording that I used, or the way that I analyzed and reported the data.

I investigated the lived experiences of men who developed romantic relationships with women post breast cancer diagnosis and treatment by interviewing the men. I then analyzed the transcripts of the interviews.

Participants

Purposeful, criterion sampling was utilized for this study. Because this is a

phenomenological study, the participants had to meet the criterion of having experienced the phenomenon being studied. Although I interviewed men, I recruited the women they are dating or married to, because the women had to meet the criterion in order for the men to participate.

The women of the couple were breast cancer survivors who 1) had been diagnosed with breast cancer, stages 0-III 2) had been between the ages of 18 and 50 years old when they were diagnosed with breast cancer and when they started dating their significant other. They were 3) in a committed heterosexual romantic relationship (married, engaged or steadily dating for at least 6 months) that began post diagnosis and treatment. 4) The women had to have met the men after diagnosis, and had not been friends with them prior to diagnosis. The women were allowed, however, to be friends with the men prior to dating as long as they met post diagnosis. 5) The women had to currently have no evidence of the disease in the body, and could have been at any phase of breast reconstruction. Both partners had to be fluent in English and free of any psychiatric disorder that would have interfered with their ability to communicate coherently. Both the women and their partners had to be over 18 to participate.

Participants were recruited through a flyer I had posted and through a posting shared on the Young Survival Coalition's Facebook page, summarizing the flyer (see Appendix A and C). The posting asked breast cancer survivors to contact me if they were interested in participating in order to see if they met the eligibility criteria, so that their significant other could participate in my study. I then asked the women to recruit their significant other for me. If the significant other contacted me, I invited him to participate in my study and set up a date and time for the interview (see Appendix E).

Although I screened 13 women, 12 men participated in this study. One man who was eligible, did not follow up for an interview after I had screened his partner. The women, ages 31-

46, and the men, ages 31-50, were from all over the United States, though one couple had recently re-located to Australia. The women were all survivors who had been diagnosed with stages 0- III breast cancer, and all had no evidence of the disease at the time of the screening. The couples had been together from six months to over 10 years. All participants were highly educated, and had at least a bachelor's degree. For a summary of demographic and disease related characteristics please see Tables 1.1 and 1.2.

Procedure

Before recruitment and data collection, the study protocol was reviewed and approved by the Institutional Review Board. Though I posted flyers (see Appendix A) and sent out emails (see Appendix B) upon receiving approval, my participants were mostly recruited through a posting on the Young Survival Coalition's Facebook page (see Appendix C).

The women who were screened provided verbal consent, prior to my screening them. Because all of the women were eligible, I then asked them to invite their significant others to participate. When the men contacted me, I explained the study and invited them to participate (see Appendix E). When they agreed, I emailed them a consent form for review (see Appendix F). The informed consent form informed participants of the confidentiality and anonymity of the research findings. The men verbally consented over the phone, prior to the interview. Because the interviews took place over the phone, I asked the men to speak to me from a private location, without their significant other listening in.

The interviews were audio recorded using an iPhone app called Call Recorder. Each man gave permission to be recorded as a part of the verbal consent. The interview duration ranged from around eight minutes to 26 minutes. After each interview, I journaled, checking myself as a researcher, and writing down my own experiences of the interview. After the interviews were

completed, the men were thanked and debriefed. I gave participants my contact information, allowing them to contact me with any questions.

Instruments

Screening and demographic questionnaire. I collected demographic information from the women, in order to make sure that their significant others were eligible to participate in my study (see Appendix D). This demographic questionnaire asked all the women for their age, gender, race/ethnicity, education, job status, marital status, how long they have been together with their significant other, their psychiatric status and how well they understood English. I asked the women what stage of breast cancer their primary diagnosis was, whether or not there was currently no evidence of the disease, what treatment they had undergone, whether they had breast cancer surgery, whether they had reconstruction, whether or not the reconstruction was complete, at what point they met and started dating their significant other, when they were initially diagnosed and how long after that they had started dating their significant other. I also asked the women for the men's age, gender, race/ethnicity, education, job status, marital status, their psychiatric status and how well they understood English.

Interview. The interviews were semi-structured interviews and were audiotaped, and then transcribed using ExpressScribe software. Eleven interviews took place over the phone, and one took place over Skype. There were nine questions that each participant was asked and there were additional probes. Some questions had pre-determined probes listed under them. Others did not, and I probed as needed (see Appendix G). The interview duration ranged from around eight minutes to twenty-six minutes.

The interview had an introduction, allowing me to join with the men, thanking them for being willing to participate and explaining to them that there is a lack of research on the men's

perspective, especially for men who begin dating women after the diagnosis and treatment. I explained to the men that because there is so much that we do not know, their information would be extremely helpful.

My research question was:

What is the man's experience of dating and committing to a relationship with a woman whom he started dating post diagnosis and treatment of breast cancer?

My sub-questions were:

What is the man's experience of and reaction to the initial disclosure?

What is the man's perception of how the breast cancer and any treatment, have affected their relationship?

The interview questions are listed under the sub-question it corresponds to:

Sub-question: What is the man's experience of and reaction to the initial disclosure?

1. How long after you started dating, did FP (female partner) first tell you about the breast cancer? Can you describe the conversation? (If not already mentioned: Did you have any idea about the cancer prior to this conversation?)
2. What was it like for you to hear that FP had been diagnosed with breast cancer? (Probe if needed: What was going on in your mind at the time? How did you feel during that conversation? What was your reaction?)
3. Based on research with breast cancer survivors, the women report that sometimes this disclosure affects their new relationship, while other times it does not. There is not much research from the men's point of view. How do you feel this disclosure affected you and your relationship at the time? (If appropriate, and not already mentioned: What areas of the relationship do you feel it affected the most? The least?)

4. After this conversation, what concerns, if any, did you have about dating FP? (If necessary: Did you talk about your concerns with FP?)

Sub-question: What is the man's perception of how the breast cancer and any treatment, have affected their relationship?

5. What effect, if any, has the breast cancer (add in if relevant: and the mastectomy- OR- the mastectomy and reconstruction), had on your physical intimacy and sexual relationship?

6. What positive effects has the breast cancer (add in if relevant: and the mastectomy- OR- the mastectomy and reconstruction) had on your relationship, if any?

7. What negative effects has the breast cancer (add in if relevant: and the mastectomy- OR- the mastectomy and reconstruction) had on your relationship, if any?

8. Research on men whose significant others are diagnosed with cancer while they are already married or dating, shows that once the women are in remission (or have no evidence of the disease), some men may be concerned about future recurrence. What are your concerns about the future, if any? (If necessary: How do you cope with these concerns?)

9. Do you have any advice for men who are considering dating breast cancer survivors?

Data Analyses

I transcribed all of the interviews, carefully and slowly, ensuring that the transcripts reflected what the participants said during the interview. I then conducted a phenomenological analysis, as outlined by Moustakas (1994): I read through each transcript in order to obtain a full description of my own experience of the phenomenon (see below, in the *Myself as a Research Tool* section). I then read through the transcripts again and highlighted significant statements. I grouped the significant statements into meaning units. I related those meaning units into themes, and wrote a detailed, rich description of “what” men in the study experienced, describing the

textures of the experience, using verbatim examples. I then wrote a description of “how” the experience happened, describing the structures of the experience. Finally I wrote a description of the essence of the lived experience of these men, incorporating both the “what” and the “how” of their experience. I used quotes from participants throughout the report presenting the findings.

The data were cross-coded by two team members. We came to an agreement on the meaning units and themes, on the textural and structural descriptions, as well as on the essence of the men’s experience, ensuring that the analysis was credible.

Myself as the Research Tool

As previously mentioned, going into this study, I expected that the men who were committed to the survivors would be “warm, empathic, strong, solid and unwavering” (p.60) men who fit the prototype described in Kurowecki and Fergus’ (2014) study. After conducting the interviews, transcribing and reading through the transcripts, I did not feel that these men fit that prototype. The men seemed to have various types of personalities, however, I perceived that they all came across as “normal,” yet kind men. I felt that many “types” of men, not just the exceptional prototype described, would be open to dating and committing to women post breast cancer diagnosis and treatment, and to accepting the cancer.

I also felt hopeful and inspired by all of the positive adjectives that the men used to describe their significant others. I felt hopeful in general, after being immersed in the transcripts. Though I would like the results to convey this hopeful message, I recognize that I must try to be as objective as possible in sharing the findings.

**Experiences of Men who Commit to Romantic Relationships with Women Under Fifty
Post Breast Cancer Diagnosis and Treatment: A Qualitative Study**

Breast cancer is the second most commonly diagnosed cancer among women in the United States, aside from cancers of the skin (American Cancer Society, 2015). According to the American Cancer Society, in 2015, an estimated 231,840 new invasive cases¹ and 60,290 new in situ cases² will be diagnosed in women in the United States. Approximately one in eight women in the United States will develop invasive breast cancer at some point during their lifetime. According to the American Cancer Society (2014), about 20% of breast cancers occur among women younger than age 50.

Overall, women under 50 report greater quality of life difficulties than do older women with breast cancer (Arndt, Merx, Stegmaier, Ziegler, & Brenner, 2005; Cordova, Andrykowski, Kenady, McGrath, Sloan & Redd, 1995; Ganz, Rowland, Desmond, Meyerowitz & Wyatt, 1998; Mor, Malin, & Allen, 1994; Wenzel, Fairclough, Brady, Cella, Garrett, Kluhsman, Crane, & Marcus, 1999), and even exhibit more symptoms of PTSD post treatment (Cordova, et al., 1995). Younger women report greater body image and sexuality concerns (Ganz, et al., 1998; Spencer, Lehman, Wynings, Arena, Carver, Antoni, Derhagopian, Ironson & Love, 1999), and report difficulties in communicating with their partner (Avis, Crawford & Manuel, 2004; Ganz, et al., 1998; Walsh, Manuel & Avis, 2005), more so than do older women with breast cancer (Ganz, et al., 1998). Substantial difficulties are reported by younger women with breast cancer who are single, and among those difficulties are concerns related to dating, sexuality and fertility (Corney, Puthussery, & Swinglehurst, 2014; Ganz, et al., 1998; Gluhoski, Siegel, & Gorey, 1997; Holmberg, Scott, Alexy, & Fife, 2001; Kurowecki & Fergus, 2014).

The few studies that have focused specifically on women who are unmarried and under 50 at diagnosis, have found that relationships were a salient concern (Corney, et al., 2014; Gluhoski, et al., 1997; Kurowecki, et al., 2014). Gluhoski and colleagues (1997) found that women had fears about future relationships, about disclosing their illness, and about rejection from their partners. The women expressed negative views of their desirability, a negative body image, impaired sexuality, and feelings of loneliness. Corney and colleagues (2014) found that there were major worries about fear of rejection by potential partners due to changes in appearance, potential loss of fertility and reduced life expectancy.

Kurowecki and Fergus (2014) took the research of single women with breast cancer a step further by investigating how these women established new intimate relationships post breast cancer diagnosis. They interviewed women who were in committed heterosexual relationships, meaning the couple had been dating at least six months or longer, and the relationship had begun post diagnosis.

This study revealed that breast cancer survivors experienced, “profound emotional vulnerability ...in relation to revealing their cancer history and physical disfigurement to a new intimate partner” (Kurowecki, et al., 2014, p. 55). The women reported that revealing their story required the presence of a “psychologically safe other” (p.55), meaning “an intimate partner who responded with acceptance and care to the woman’s initial disclosure of breast cancer” (p.55). The dating process involved “tests” (p.55) in which women increasingly revealed aspects of themselves and tested the man’s ability to accept the breast cancer.

After meeting a partner, disclosing the cancer was a top concern for many of the women. They found the disclosure to be difficult because they feared rejection. Most women agreed that they had to verbally disclose early on and be upfront in order to see if the partner could accept

the cancer. For all women, this verbal disclosure was the first test of the partner's ability to accept the cancer. If the men passed, then the relationship could continue on to the physical level, but if not, the relationship would end. Women also felt the need to verbally disclose early on prior to the physical disclosure, so as to warn the men about their body. Many women felt the verbal disclosure had to include a description of the scars in order to prepare the men. When it came to intimacy, the women reported they were, "highly attuned to the potential to be hurt by a man" (Kurowecki, et al., 2014, p. 59). Most women reported feeling anxious and felt the need to hide disfigurement initially, though a few chose to reveal the mastectomies from the beginning.

Women reported that the majority of their partners were receptive to disclosures, both verbal and physical, showing interest in the experience instead of withdrawing. Women reported that the men showed a "surprising lack of concern" (p.59) and told the women their cancer history did not matter to them. A common feature of the successful new relationship was for the men to "accept unconditionally the role of cancer as an inevitable part of the couple's life" (Kurowecki, et al., 2014, p. 60), with the men understanding that even if the cancer was not at the front of their minds, it would still hold a presence in their lives.

The women who did find accepting partners, perceived themselves to be "lucky" and the men to be "special" (p.59). Kurowecki and Fergus (2014) reported that a "prototype" (p. 60) emerged of a type of partner who was "warm, empathic, strong, solid and unwavering" (p.60), and would not only accept them but also not abandon them in case of a recurrence.

These new relationships with supportive and committed partners often became a way through which the women regained self-acceptance and self-esteem. "The experience of men's unconditional acceptance...had a profound effect on the women" (Kurowecki, et al., 2014, p.

62). Many of the women reported that their new intimate partner's love and acceptance served a "healing function" (p.62).

What are the experiences of the men who are passing the "tests"?

Research that exists from the "man's perspective" focuses on men who are already committed to their partner when she is diagnosed with breast cancer. This research is helpful because it enables us to understand how men react to their partner's diagnosis and treatment. It also highlights the necessity of research examining the experiences of men who pass the "tests," and choose to commit to women after learning about the breast cancer diagnosis and treatment.

Men already committed to their partners when they were diagnosed reported feelings of shock and disbelief to their partner's diagnosis of breast cancer (Forrest, Plumb, Ziebland & Stein, 2009; Lethborg, Kissane & Burns, 2003; Zahlis & Shands, 1991), and reported feeling helpless and powerless (Lethborg, et al., 2003; Zahlis & Lewis, 2010, Zahlis, et al., 1991). Men reported feeling scared of what the future might bring (Lethborg, et al., 2003; Zahlis, et al., 2010; Zahlis, et al., 1991), and reported difficulties in communicating with their spouse about the cancer (Zahlis, et al., 2010).

Men whose wives had undergone mastectomies and/or mastectomies with reconstruction reported levels of distress no different than the levels of distress experienced by their wives (Northouse & Swain, 1987). Some researchers found that men reacted to mastectomies by reporting that the physical disfigurement was shocking, that they were saddened by the loss of the breasts (Zahlis, et al., 1991), and that the altered physical appearance negatively impacted their physical relationship (Zahlis, et al., 2010). Other researchers found that husbands reported that the mastectomies did not affect their physical relationship, and felt that the preservation of life was the main priority (Hoga, Mello, & Dias, 2008).

Regarding reactions to partner's reconstructed breasts, some men reported feeling positive, while others reported feeling shocked by the appearance (Sandham & Harcourt, 2007). Many men reported that the reconstructive surgery did not negatively affect their physical relationship (Marshall & Kiemle, 2005), though some reported fear of hurting the women while being intimate (Marshall, et al., 2005; Sandham, et al., 2007). Men also reported difficulty in communicating with their wives about the treatment and about their physical relationship post treatment, as they reported not wanting to upset their wives (Marshall, et al., 2005).

The men in these studies were present with their partners as they went through the disease, the treatment and the surgeries. Their experiences may greatly differ from the experiences of men who date and commit women post diagnosis and post treatment. Because there are women who are younger, single, and seeking to form romantic relationships after breast cancer, it is important to understand the perspective of men who commit to women in this situation.

“The breast in North American culture has greater significance than merely a body part; breast are related to feminine identity, womanhood, sexuality, attractiveness, nurturance, and motherhood” (Pikler & Winterowd, 2003, p. 632). As the five-year relative survival rate³ remains high, at 90% (American Cancer Society, 2014), there are many women living and coping with the diagnosis and treatment of breast cancer. As previously mentioned, single women with breast cancer under 50 reported being highly concerned about future relationships (Corney, et al., 2014; Gluhoski, et al., 1997; Kurowecki, et al., 2014), and felt negatively about their bodies and about their desirability (Gluhoski, et al., 1997).

Understanding the experiences of men who date and commit to these women, could provide hope for single women who fear dating under these circumstances. Allowing single

women to hear what these men thought, felt and experienced along the way could provide them with insight into what their potential dates could think, feel and experience. This information could be highly useful in allaying the fears that these women may have.

This information could also be helpful for men who are contemplating dating women in this situation. Understanding what it was like for others to date women who have experienced breast cancer may help provide them with information not otherwise available.

Theoretical Framework

Understanding what men experience as they date and commit to a relationship with a woman post diagnosis and treatment of breast cancer has been viewed through the lens of systems theory and through using a transcendental phenomenological approach.

Through the lens of systems theory, families are systems and family members are “sub-systems interacting with and within the whole” (Forrest, et al., 2009, p. 101). Systems theory emphasizes the interrelatedness of family members and how they affect one another (Minuchin, 1974). When an illness occurs, the effects “reverberate throughout the family system” (Northouse & Swain, 1987, p. 221), and the family should be viewed as a “unit of people who are also experiencing the cancer crisis” (Northouse, et al., 1987, p. 221). Although the man is not necessarily a part of the diagnosed woman’s family, he is choosing to date and commit to her, knowing that he may be experiencing after-effects of this crisis or a recurrence of this crisis with her in the future.

Phenomenological family therapy research, “describes the common meaning for several individuals of their lived experiences of a...phenomenon” (Creswell, 2013, p.76). The purpose of phenomenology is to focus on what those individuals have in common as they experience a phenomenon, leading to a description of a “universal essence” (Creswell, 2013, p.76). This

universal essence includes a description of the “what” the individuals experienced, and “how” they experienced it (Creswell, 2013, p.76). Moustakas’ (1994) transcendental phenomenology approach focuses more on the description of individual’s experiences and less on the interpretations of the researcher. According to this approach, the researchers set aside their own experiences with the goal of having a fresh perspective towards the phenomenon being researched.

Through the lens of systems theory and using a transcendental phenomenological approach, I developed a greater understanding of what men experience and how they experience it, as they date and commit to women post breast cancer diagnosis and treatment. As the researcher, I explored shared experiences of men and attempted to develop a deeper understanding of the essence of their experiences.

My research question is:

What is the man’s experience of dating and committing to a relationship with a woman whom he started dating post diagnosis and treatment of breast cancer?

My sub-questions are:

What is the man’s experience of and reaction to the initial disclosure?

What is the man’s perception of how the breast cancer and any treatment, have affected their relationship?

Method

Design of the Study

This study utilized a transcendental phenomenology approach (Moustakas,1994), focusing less on my interpretations as a researcher and more on the descriptions of the experiences of participants. I bracketed out my own experiences and collected data from those

who experienced the phenomenon: I was biased towards the belief that dating while facing an illness as serious as cancer could be extremely difficult. As a young adult I recognize the important role that body image and body esteem play in dating, and I can't imagine how difficult it must be for women to put themselves out there after facing both an illness and potential body disfigurements. I went into this research process expecting that the men who date and commit to these women must be "warm, empathic, strong, solid and unwavering" (Kurowecki, et al., p.60), as the women had described them. I was curious and eager to examine and understand their perspective. By bracketing these beliefs I tried not let those beliefs affect how I asked my questions, the wording that I used, or the way that I analyzed and reported the data.

Participants

Purposeful, criterion sampling was utilized for this study. Because this is a phenomenological study, the participants had to meet the criterion of having experienced the phenomenon being studied. Although I interviewed men, I recruited the women they are dating or married to, because the women had to meet the criterion in order for the men to participate.

The women of the couple were breast cancer survivors who 1) had been diagnosed with breast cancer, stages 0-III 2) had been between the ages of 18 and 50 years old when they were diagnosed with breast cancer and when they started dating their significant other. They were 3) in a committed heterosexual romantic relationship (married, engaged or steadily dating for at least 6 months) that began post diagnosis and treatment. 4) The women had to have met the men after diagnosis, and had not been friends with them prior to diagnosis. The women were allowed, however, to be friends with the men prior to dating as long as they met post diagnosis. 5) The women had to currently have no evidence of the disease in the body, and could have been at any phase of breast reconstruction. Both partners had to be fluent in English and free of any

psychiatric disorder that would have interfered with their ability to communicate coherently.

Both the women and their partners had to be over 18 to participate.

Participants were recruited through a flyer I had posted and through a posting shared on the Young Survival Coalition's Facebook page, summarizing the flyer (see Appendices A and C). Although I screened 13 women, 12 men participated in this study. One man who was eligible, did not follow up for an interview after I had screened his partner. The women, ages 31-46, and the men, ages 31-50, were from all over the United States, though one couple had recently re-located to Australia. The couples had been together from six months to over 10 years. All participants were highly educated, and had at least a bachelor's degree. For a summary of demographic and disease related characteristics please see Tables 1.1 and 1.2.

Procedure

Before recruitment and data collection, the study protocol was reviewed and approved by the Institutional Review Board. Though I posted flyers and sent out emails upon receiving approval, my participants were mostly recruited through a posting on the Young Survival Coalition's Facebook page (see Appendices A, B and C).

The women who were screened provided verbal consent, prior to my screening them. Because all of the women were eligible, I then asked them to invite their significant other to participate. When the men contacted me, I explained the study and invited them to participate (see Appendix E). When they agreed, I emailed them a consent form for review (see Appendix F). The men verbally consented over the phone, prior to the interview. Because the interviews took place over the phone, I asked the men to speak to me from a private location, without their significant other listening in.

The interviews were audio recorded using an iPhone app called Call Recorder. Each man

gave permission to be recorded as a part of the verbal consent. The interview duration ranged from around eight to 26 minutes. After each interview, I journaled, checking myself as a researcher, and writing down my own experiences of the interview. After the interviews the men were thanked and debriefed. I gave participants my contact information, allowing them to contact me with any questions (see Appendix G for Interview).

Instruments

Screening and demographic questionnaire. I utilized this questionnaire to gather information from the women, in order to make sure that their significant others were eligible to participate in my study. This questionnaire asked the women demographic characteristics about themselves and their partners, questions about the breast cancer, and questions about their relationship (see Appendix D).

Interview. The interviews were semi-structured interviews and were audiotaped, and then transcribed using ExpressScribe software. Eleven interviews took place over the phone, and one took place over Skype. There were nine questions and additional probes in the interview. Some questions had pre-determined probes listed under them. Others did not, and I probed as needed. The interview duration ranged from around eight minutes to 26 minutes (see Appendix G).

Data Analyses

I transcribed all of the interviews, carefully and slowly, ensuring that the transcripts reflected what the participants had said during the interview. I then conducted a phenomenological analysis, as outlined by Moustakas (1994): I read through each transcript in order to obtain a full description of my own experience of the phenomenon (see below, in the *Myself as a Research Tool* section). I then read through the transcripts again and highlighted

significant statements. I grouped the significant statements into meaning units. I related those meaning units into themes, and wrote a detailed, rich description of “what” men in the study experienced, describing the textures of the experience, using verbatim examples. I then wrote a description of “how” the experience happened, describing the structures of the experience. Finally I wrote a description of the essence of the lived experience of these men, incorporating both the “what” and the “how” of their experience. I used quotes from participants when presenting the findings (see Results section below).

The data were cross-coded by two team members. We came to an agreement on the meaning units and themes, on the textural and structural descriptions, as well as on the essence of the men’s experience, ensuring that the analysis was credible.

Myself as the Research Tool

As previously mentioned, going into this study, I expected that the men who were committed to the survivors would be “warm, empathic, strong, solid and unwavering” (p.60) men who fit the prototype described in Kurowecki and Fergus’ (2014) study. After conducting the interviews, transcribing and reading through the transcripts, I did not feel that these men fit that prototype. The men seemed to have various types of personalities, however, I perceived that they all came across as “normal,” yet kind men. I felt that many types of men, not just the exceptional prototype described, would be open to dating and committing to women post breast cancer diagnosis and treatment, and to accepting the cancer.

I also felt hopeful and inspired by all of the positive adjectives that the men used to describe their significant others. I felt hopeful in general, after being immersed in the transcripts. Though I would like the results to convey this hopeful message, I recognize that I must try to be as objective as possible in sharing the findings.

Results

Twelve verbatim transcripts were analyzed and significant statements were extracted. These significant statements were grouped into meaning units and themes. This resulted in six core themes, that were intertwined with each other, relating to what the men experienced in dating and committing to women post diagnosis and treatment of breast cancer. This provides the textural description of the experience. Quotes from the interviews are included within each theme.

An Important Note About the Interview Process

Prior to sharing the findings, it is important to note that many of the men responded to questions throughout the interview asking about effects of the breast cancer (both positive and negative) on their relationship, or effects of the initial disclosure by saying that there was “no effect” or reporting that they had “no concerns.” After the men were given the chance to process the questions and after I had probed, the men either provided evidence of the lack of effect/lack of concern, or they changed their minds and discussed various effects and concerns. This was a pattern I noticed throughout the interviews.

As the researcher, I did not believe that the men were responding by saying “no effect” or “no concern” out of denial or with the intention of hiding their feelings and thoughts, but more because the participants had difficulties thinking of any effects/concerns at first. One man reinforced this belief by stating during the debriefing, “I’ve never really thought about any of the questions you asked me until just now so it sort of caught me off guard...but yeah, I’m happy....I haven’t paid much a concern to it” (7B). In addition, the men listing their concerns during the interviews often reported that the concerns were present but “in the back of my mind” (5B) or “in the back of your head” (6B), “not something I think about every day” (1B), not

putting “much thought into it” (6B), and not something that he has “lingering anxiety about at all” (9B). It seems that the effects of the breast cancer or the men’s concerns about it, were not salient on the minds of many of the men prior to hearing the interview questions. Although the men did report having concerns and reported both positive and negative effects of the cancer on the relationship, these effects/concerns do not seem to be a focus of the men’s thoughts. This “no effect” pattern has clinical implications that are discussed below.

Initial Disclosure Timing

The men were asked to describe the initial disclosure conversation and when it took place. In responding, the men often reflected on how upfront (or not) the conversation had been. They often commented on the openness of the conversation, and/or the quickness with which the survivor disclosed about the breast cancer. Nine out of twelve participants reported that the disclosure happened by at least the third date, if not before (see Table 1.3). The other three reported not knowing until several weeks into the relationship, which is still relatively early on in the relationship. It seems that being upfront with the disclosure was important to the men:

I think it was nice that this happened sooner from the sense that wow...if you’re trying to get to know each other and what we’d been through you always like to know about the nice stuff but then sometimes the not so nice stuff is what shapes us and who we are. (2B)

One man reported that his partner told him on their second date, and that he would have felt “more shocked” if she had waited longer. He reported that it was important to him to find out sooner, because the breast cancer affected their chance of having children:

And that’s why, again she told me at the second date and that’s what the privilege was because if I now really fall head over heels which pretty much I did by the third or fourth...I was pretty much in right from the beginning...and then at say, six months you

have that conversation, it seems like I'm now almost in my head as a guy planned my future with kids because I didn't know anything about even- not even having that thought, and then you're like head over heels and then it's almost like a curveball, just the floor drops right from under you...I was just happy that she didn't handle it like that.

(12B)

To him, it seemed that knowing about the cancer early on was important because it enabled him to make choices about how to proceed, and he chose to remain committed to his partner.

One man who reported finding out several weeks into the relationship explained that his partner did not disclose until after he saw some of her scars. This man reported being aware that his partner "made an intent to hide them" (4B), yet even with those intentions, she still disclosed relatively early on in their relationship.

Previous Experience/Knowledge About Cancer

A theme that arose when asking men how they felt when hearing about the cancer was that of experience or knowledge of cancer versus lack thereof. Three of the men in this study reported having family members with cancer, and four reported working in the medical field and being familiar with cancer (one man reported both). The other six men reported less experience with cancer, and a few of those discussed their lack of familiarity with the disease early on in the relationship:

She had brought up the fact that she'd had a double mastectomy, which I didn't know what it was then...you feel kind of awkward asking the questions because you don't wanna dive too deep, make them feel uncomfortable and then just not really knowing what to ask or really what to say to make her feel like I'm not scared away- it's awkward.

(8B)

I had some challenges in even wanting to know what the right questions were to ask and even how to talk about it...It's not necessarily something you know a ton about in terms of someone's experience going through it. You know some of the stages, you know that someone's hair probably fell out, that they had to go through chemotherapy, that it's very difficult, but you don't understand the day to day struggle and little things like do you keep your job and all those- because it's such a long process, what those different stages are and what life is like...How do I be sensitive? How do I get to know more about this?...What are inappropriate questions to be asking right at the moment? (2B)

This contrasted with those who mentioned "understand[ing] it a little bit more" (12B) because they have had family members go through cancer, or those who felt "fairly comfortable talking about it" (1B) due to a background in medicine.

The men in this study who were not involved in the medical field or who did not have a relative who had experienced cancer seemed unaware of how to speak to their partners about the breast cancer early on in the relationship.

Reacting with Acceptance, Despite Concerns

In addition to being asked to describe the initial disclosure conversation, the men were asked about their immediate reactions and concerns to hearing that their partner had had breast cancer. Because two of them knew (see Table 1.3), and two others suspected that their partners had breast cancer before the disclosure conversation, this theme focuses more on their reactions and concerns to knowing about the cancer, whether they found out from their partner or beforehand.

Eight of the twelve men reported that the disclosure did not have an effect on them or the new relationship with their partner. Participant 3B reported: "I didn't feel any different. I still

liked her from the beginning. It didn't change my perspective on her...I still felt exactly the same way." Similarly participant 8B reported:

I was fine with it...it didn't affect me. I mean, it's just something that happens, you know, it's nothing that she could control and it's nothing that affected who she is and what I know about her...it wasn't anything that changed how I felt about her at the time.

The men reacted by accepting the cancer as a part of who the woman is: "I just accepted that the cancer history was a part of her, so...it didn't discourage or encourage me really, it just was a part of the process of getting to know her" (9B). The men also reported accepting the consequences or after-effects of the cancer. One man stated that having a wife with natural breasts and nipples is, "Just not gonna be in the equation for our relationship and so it's something I'm ok with...but there's so many other really positive things that it's ok" (5B). Two men talked about accepting the fact that there was a chance that their partners could not have children. Participant 6B reported, "Either I had to accept the fact that there was a chance we wouldn't [be able to have children] or split up...but eventually it was worth the risk so we moved- we went for it." One man summed it up, saying he focuses on enjoying life with his partner and not on the cancer: "That's just something that happened...There's no point in basing your life around that. Just accept it and enjoy the life with em" (8B).

Of the four who reported that knowing about the cancer had an effect on them or the relationship, one reported that knowing that his partner had cancer led to "an immediate bond" because he "had lost [his] mother to cancer", and felt that "everything [he] had found out...definitely strengthened it [the relationship] in my mind" (4B). Another reported feeling surprised but said that "it really never was a deal breaker for me in terms of going forward or not with her" (11B).

Although most men reported that knowing about the cancer did not affect them or their feelings towards the woman, and although the men reacted with acceptance, some did report having concerns about dating their partner. These concerns were those revealed upon learning about the cancer and are different from reported longer-term concerns that came up as the relationship progressed (though they may overlap). Four out of twelve men reported having no concerns when they first learned about the breast cancer. One man even reported that his only concern of dating his partner related to “the fact that [he] hadn’t dated in a long time, rather than the fact that she was diagnosed with breast cancer” (1B).

Of the eight who did express concern, five reported fear of recurrence or of another cancer forming. One man reported that he “was obviously concerned” (11B) but said that this concern was not a deterrent in terms of moving forward, while another expressed the same concern but reported “as I learn more about it...those kind of concerns were alleviated” (7B).

Five of those eight expressed concerns over the ability for their partner to have children or the potential for the women to pass on cancer genetically to their children: “It made me think through, is that hereditary? If we ever have a family would our kids be more at risk for developing cancer because she had it?”, but then reported “putting that all behind me from the very beginning” (11B). It seems the man had this concern, but did not let that stop him from pursuing a relationship.

Those who wanted children either learned that the woman still had the ability or that she did not. If the woman did not, the man had to decide whether or not he could accept this and continue on with the relationship. One man reported,

The only concern I had...you’re now thinking ok well there’s now a chance that either were gonna have to have kids right away or we might not have kids. And how do you feel

about that?...But that was too early to even have that conversation. So initially I had to have that conversation in my head that ok, are you ok with not having kids?...if you don't have kids right now in your life, would you be ok. And that's where I said yeah. I think I'd be ok. (12B)

The men in this study did report concerns, yet they did not allow their concerns be “deal breakers,” and affect whether or not they would pursue a relationship with the survivors. The men reacted to knowing about the cancer and any consequences of the cancer with acceptance, moving forward in the relationship despite any concerns they had.

Focusing on “Love”/Connection

A few of the men made a point of explaining that in pursuing a relationship with their partner, they were focused on love: “Don't let it [cancer] bother you... You might as well find the person you love and go for it” (6B); “If they love em and they wanna be with em no matter what then nothing should stand in the way from it” (7B). One man added:

There are plenty of people out there that wouldn't want to have anything to do with that [cancer]...they're looking for someone with no problems at all, whether it's financial or otherwise...I guess I always have left my relationships up to the way my heart feels. (4B)

Although only a few verbalized focusing on their feelings for the women, clearly all twelve of them have heeded this advice. It seems that these men were able accept the cancer history and move forward with the relationship because they were following their hearts, and placing more importance on their connection with their partner than on the cancer itself. As participant 3B reported, “You're not dating someone's cancer. You're dating the person,” highlighting that his focus was on getting to know his partner and not on her disease.

Respecting and Admiring the Survivor

Throughout the interview, the men shared their thoughts and feelings towards the survivor and her character. The men reported respecting their partner for disclosing that she was a survivor: “Given how comfortable she was talking about it...made me feel more strongly about getting to know her better...I really respected the way she handled discussing her diagnosis...I mean, she makes speaking about her breast cancer very very easy” (1B). Another reported that he, “admired her for disclosing it...she came out and disclosed it to me right away...and I’ve respected her quite a bit for that ” (11B), while another man recognized that, “she was brave for making the disclosures...she went through a lot, and she’s...telling me about this and that can’t be easy, so I respected her for it” (5B).

The men also reported admiring their partner upon knowing her story as a breast cancer survivor and upon reflecting on how she continues to “deal” with any lasting complications. Hearing the survivor’s story, one man revealed, made him, “even more attracted to her because wow, she’s someone who’s faced real challenges in her life and survived them” (2B). Men reported admiring their partner, “for all that she had endured and been through”(9B), and “for what she’s endured and accomplished and how she dealt with all this” (11B). The same man continued on to say: “I admire [her] very much for what [she’s] done and how [she’s] overcome everything and [her] positive attitude about it” (11B).

Not only did the men report accepting the woman’s cancer history, but they reported respecting the women for telling them about it, and admiring the women for all that they had been through.

Ongoing Impact on Relationship

This theme and included sub-themes related to longer-term effects of the breast cancer, mastectomy and reconstruction on the relationship

Physical intimacy and sexual relationship. The men were asked how the breast cancer and any treatment affected their physical intimacy and sexual relationship. Three of the men reported that there were no effects at all, while six reported general effects that were neither positive nor negative, such as: I have to be “cautious with her reconstructed breasts” because she feels pain sometimes (7B) and “it took some getting used to aesthetically...it wasn’t an impediment, it was just something that took some getting used to” (5B). One reported having a lot of questions but because “she was really good at walking [him] through all that” he reported, “it’s been good” (2B). Four of those six talked about the initial unfamiliarity with how to handle reconstructed breasts:

In the very beginning...I didn’t know how to handle it from a physical perspective...it wasn’t impacting in the sense that it was a turn off, it just. I didn’t know how to approach it. I didn’t know how to ask her ‘can I touch you in that area?’...but I did...so, it was a learning experience. (11B)

At first I would say just more of an awkwardness as to whether to pay attention to it or not, to make her feel comfortable...and just to the point of whether you should ignore it or embrace it...and then moving forward you just kinda get more comfortable with it as it goes. (8B)

The last three men mentioned that the breast cancer/reconstructions led their partners to be more self-conscious when it came to their physical intimacy and sexual relationship, even though reconstruction had no effect for them:

Sometimes she gets in her head about it, but I have nothing against her body. I think she's beautiful. (12B)

The hardest part is dealing with her confidence because she gets down sometimes, just as a female, she- the comments along the lines of not being whole and stuff like that and not feeling pretty, but...long story short, it doesn't affect in my mind. (6B)

I think that she feels more scared about revealing scars to me I guess, because even at this point sometimes it's still a lot of covering up and...I don't know if she thinks that it bothers me or if it's bothered other people, but from my point of view it hasn't caused any problems for me. (4B)

Perspective of life/the relationship. Eight men reported positive effects of the breast cancer on their relationship, with some of those men focusing on how the cancer gave them a different perspective of the relationship and of life. One man reported that the breast cancer, "made it [their relationship] realer and...you get a better understanding that – of life and death and what's important in a lot of ways" (5B), while another reported a general "appreciation for life and the good things you have" (6B). One man explained that "the little things," or day to day problems and stressors "tend not to matter nearly as much"(1B) after understanding what his partner has been through.

Two men also reported that the cancer "strengthened the relationship" (4B & 7B), with one of those men explaining that if she could compete against cancer, he feels confident "that she's able to compete anything through our relationship together" (7B).

"Emotional toll". Four participants reported no negative effects of the breast cancer/mastectomy and reconstruction on the relationship. Of those who reported negative effects, many focused on the emotional impact on them and on the relationship, specifically

referring to grief over the death of their partner's friends from cancer, and to the stress of doctor's visits and cancer scares:

The negative impact, I think, is the emotional toll it takes on her sometimes when she sees her friends that she went through rehab with or was in the hospital with and they haven't survived. It drains her and in turn I think that effects our relationship because I think a couple of times she really got a little down about it and it had an impact on her, which I understand, so I think in that sense it was a negative impact to our relationship and then really once a year when she goes to her annual check up it's a stressful event for us. I went with her last year. It's just emotionally draining I think for her... (11B)

I do hear about others that she knows quite often, and a lot of people are passing way... I guess when we have those types of conversations in my mind I'm reverting back to that time period so in my mind I feel like she's dealing with the cancer again. It upsets me even though it's something in the past... When they talk about it, you care about em, you feel like they're going through it again and that you're going through it again with them and get upset. (4B)

I think any cancer survivor- they always expect the ball to drop again... It's a very emotional topic. It's very hard to hear your loved one say you're gonna outlive me... I've been to the last two or three mammographies with her and I know the anxiety she gets the week before... I don't wanna keep watching someone go through that. It's very tough.

(12B)

You always have to be concerned if some pain is actually metastatic disease which is- causes a lot of anxiety and stress for a while until we get evidence that it's not, and things

sort of go back to normal until the next sort of weird pain shows up, and that's only happened a hand full of times, but pretty stressful when it does. (1B)

Managing stressors or concerns. In addition to the emotional stressors that the couples face, eight participants reported having longer term concerns of a recurrence or of a new cancer developing in the future. If the men had reported any concerns of recurrence or general stressors that affected them or their relationship, they were asked how they coped those concerns or stressors. Responses varied, however, managing stressors or concerns did not seem to be a focus of the men's lives. The men did not report spending a great deal of time managing their distress, as indicated by their brief responses. The men reported managing stress through prayer/G-d: "I just give it up to G-d" (12B), "I hope and pray every time I go to church...I always pray for the health of my family" (6B); through paying attention to the odds of their partner recurring: "I think the odds are pretty low of recurrence...I'm just being logical I guess...I don't let my emotions or my mind run wild. I kinda try to stick to the odds and the facts" (5B); or to becoming more knowledgeable about the cancer through research and through talking to their partner, "I'll talk to her, and then at the same point on my own term I do- I've done research on it" (8B).

Some reported managing their distress by focusing on their partner, making sure that she was taking care of herself: "You really need to be supportive and make sure [she's] taking care of [herself]" (2B); "I tell her to eat healthy, go to her doctor appointments and don't smoke" (13B). One man talked about focusing on thinking about things from his partner's perspective: "I try not to be selfish about it. I try to think from her end...I try to put myself in her shoes and be supportive and encourage her" (11B).

One man reported managing stress by focusing on his day to day life and not thinking

about it, “I don’t let it become a thought in my mind...I guess you could say I’m the kind of person who really doesn’t pay much a concern til I guess it’s time to have concern paid to” (7B).

This man reinforces the idea that dealing with the stress or concern of his partner’s breast cancer history is not necessary on a daily basis. Although the cancer continues to play a role in the survivor’s life and in the relationship with their partner, the men did not report that managing the stressors or concerns was a focus of their lives.

The Structural Description

The six core themes describe the context or setting that influenced how the participants experienced the phenomenon. The relationship among the themes provides this context. The men in this study seemed to be “Focusing on Love/Connection,” entering the dating world with the mindset that their connection with their date was the most important factor. The way the women handled the initial disclosure, “Initial Disclosure Timing,” as well as the men’s “Previous Experience/Knowledge About Cancer,” seemed to set the stage for *how* the men reacted to knowing about the cancer. The “Initial Disclosure Timing” and the men’s “Previous Experience/Knowledge About Cancer”, along with their “Focus on Love/Connection” seemed to contribute to the men’s “Reacting with Acceptance, Despite Concerns,” as well as to the men’s feelings of “Respect and Admiration for the Woman.” Because the men moved forward in the relationship, the men reported the “Ongoing Impact on the Relationship,” explaining the positive and negative effects of the breast cancer on their lives, on the overall relationship, and on their physical intimacy, revealing ways that they have found to manage any stressors.

The Essence of the Men’s Experience

From the textural and structural descriptions, I can describe the essence of the experience of men who commit to relationships with women whom they started dating post breast cancer

diagnosis and treatment. The men seemed to experience dating a survivor with acceptance, understanding that the breast cancer is part of who she is, and admiring and respecting her for what she had gone through and continues to face as a survivor. The men seemed to appreciate and find importance in the survivor disclosing upfront, and being open with her story. Although some were unsure of how to talk about the cancer at first, with time, they learned, especially when their partner was more open with them. Because these men felt that their connection with their partner was most important in deciding to date, knowing she had cancer did not seem to affect the men's decision to pursue a relationship, even if they did have concerns. Many were able to find positives in their partner's experience, and found the women to be no different sexually, aside from their self-confidence issues. Some reported facing emotional distress, which seemed to develop out of concern for their partner, though they reported finding ways to manage distress. Distress reported by the men did not seem to affect their relationship functioning on a daily basis. It seems that though the breast cancer continues to be a part of the lives of the both the survivor and her partner, it does not seem to be the focus of their lives or of their relationship.

Discussion

The goal of this research was to understand the experiences of men who date and commit to women post breast cancer diagnosis and treatment, and I believe that this phenomenological study captured the essence of the men's experience. My purpose in conducting this study was to share the findings with single women who fear dating under these circumstances and with other men, who are contemplating dating women in this situation.

As previously mentioned, the studies examining women under 50 who are unmarried at diagnosis found that relationships were a salient concern (Corney, et al., 2014; Gluhoski, et al., 1997; Kurowecki, et al., 2014), with the women reporting fears about future relationships, about

disclosing their illness and about rejection from their partners. The women expressed negative views of their desirability, a negative body image, and impaired sexuality (Gluhoski, et al., 1997). The findings of the present study are important because they reveal information that could be helpful and could provide hope for the women who are feeling this way. The men in the present study seemed to value their connection with these women, and reported focusing on the connection to be far more important than focusing on the cancer.

The findings of the present study are consistent with many of Kurowecki and Fergus' (2014) findings, which highlighted the dating process of breast cancer survivors from the survivor's perspective. The present study highlights the dating/relationship experience from perspective of those who date/marry the survivor, once the survivor has no evidence of the disease.

Kurowecki and Fergus' (2014) survivor participants reported that the majority of their partners were receptive to the initial disclosures, showing interest in the experience instead of withdrawing. The men in the present study reported not only being receptive to the initial disclosures, but also reported respecting the survivors for disclosing and admiring them upon hearing their story. The survivors seemed to believe that the disclosure "had to occur early on and that it required being upfront and honest about everything in relation to cancer" (Kurowecki, et al., 2014, p. 58). The men in the present study reinforced how important the upfront and honest initial disclosure in fact, was. In addition, both the men in present study who reported being less knowledgeable about cancer and unsure of how to talk about the cancer early on, as well as those who reported being knowledgeable about cancer seemed to appreciate their partner being open with them, making the topic of cancer easier for them to discuss in return. The survivors reported testing the man's ability to accept the breast cancer (Kurowecki, et al., 2014).

It may be helpful and important for survivors to understand that though men may accept the breast cancer, they may be unaware of how to respond “appropriately” to the disclosure, as reported by the men in the present study. Women may fear rejection after disclosing (Kurowecki, et al., 2014), while men may fear coming across as rejecting, or making the women feel like their partners are “scared away” (8B), when in fact they are just unsure of how to respond without being “inappropriate” (2B).

Consistent with Kurowecki and Fergus’ (2014) finding that most men told the survivor that the cancer history did not matter to them, most of the men in the present study reported accepting the breast cancer history. Successful new relationships were ones in which the men “accept unconditionally the role of the cancer as an inevitable part of the couple’s life” (Kurowecki, et al., 2014, p. 60), with their partners understanding that even if the cancer was not at the front of their minds, it would still hold a presence in their lives. The men in the present study indicated that the cancer was not at the front of their minds or the focus of their relationships, but that it did, indeed, continue to hold a presence.

Although the men in the present study pursued relationships with the women and did not allow the cancer history to affect their decision, there were concerns reported by the men. This is the one lack of consistency with Kurowecki and Fergus’ (2014) research, in which the women reported that most men showed a “surprising lack of concern” (p.59). It is possible that the men felt concerned but kept the concerns to themselves, and did not reveal the concerns to their partners. One participant (12B) reported having a conversation “in his head” about his concerns, and another (11B) reported “putting all that [concerns] behind me from the very beginning.” It is possible the men did not share these concerns with their partners because they had planned on pursuing a relationship, despite any concerns they may have had.

Finally, the survivors reported feeling “highly attuned to the potential to be hurt by a man” (Kurowecki, et al., 2014, p. 59) who could reject them physically, and many felt the need to describe the scars beforehand in order to prepare their partner. The men in the present study reported that the scars and reconstructions did not affect them or their sexual relationship. Some men reported being unaware of how to handle reconstructed breasts early on, yet they reported not being bothered by any scars. Some men reported being aware of the self-consciousness of their partners, which is consistent with the body esteem issues reported by survivors (Kurowecki, et al., 2014).

The present study is currently the only study examining the men’s perspective, not focusing on men whose wives/partners are currently going through breast cancer, and as expected, the experiences seem to greatly differ. Not surprisingly, the men in the current study did not report levels of distress that seemed comparable to the trauma reported by those men, who reported feeling helpless and powerless in response to their partner’s diagnosis (Lethborg, et al., 2003; Zahlis, et al., 2010; Zahlis, et al., 1991) and reported difficulties in communicating with their spouse about the cancer (Zahlis, et al., 2010). The men in the present study did not go through the trauma with their partner, therefore, it is not surprising that their level of distress is lower. In addition, the men in the present study did not report difficulties in communicating: they reported openness in talking about the cancer with their partner, even when they were unsure of what to ask or what to say. The women disclosing early on, may have set the tone for the relationship, “establishing the norm of open communication in the developing relationship” (Kurowecki, et al., 2014, p. 63). Because these couples have established a norm of open communication, it is possible that if the women were to face cancer again in the future, the men would be more likely to continue the open communication and not report the same difficulties.

Previous research regarding reactions to partner's reconstructed breast revealed that some men reported feeling positive, while others reported feeling shocked by the appearance (Sandham, et al., 2007), and fearing that intimate contact would hurt the partner (Marshall, et al., 2005; Sandham, et al., 2007). The men in the present study did not report feelings of shock towards the appearance of the breast. It is possible that the perception of the breast differs for those who have seen their partner's breasts prior to surgery, and experienced the change in appearance, versus those who have only see their partner's breasts post surgery. Men whose partners lose their breasts are experiencing loss (Zahlis, et al., 1991). The men in the present study are not. The men in the present study did, however, report fearing that intimate contact would hurt the partner and being unsure of how to handle a reconstructed breast early on.

The majority of the men in Marshall and Kiemle's (2005) study reported that reconstructive surgery had no impact on the sexual relationship, and this finding is consistent with reports from the men in the present study. The men in their study, however, reported difficulties in communicating with their wives about their physical relationship post treatment, whereas the men in the present study did not. The men in the present study reported awkwardness early on, but reported talking and getting more comfortable with time.

Some of the previous research related to the men's perspective focuses on those who must cope with their partner's mastectomies (Hoga, et al., 2008; Zahlis, et al., 2010; Zahlis, et al., 1991). Because all of the women whose partners participated in the present study have had reconstructions, I am not able to compare the men's reactions.

Although there were some similarities reported between men in the present study and men from the previous literature, including, reporting positive feelings about the reconstruction (Sandham, et al., 2007), reporting concern about hurting their partner post reconstruction

(Marshall, et al., 2005), reporting no impact of reconstructive surgery on their sexual relationship (Marshall, et al., 2005), reporting a lack of knowledge about breast cancer (Zahlis, et al., 1991), and reporting concern about their partner's future health (Lethborg, et al., 2003; Zahlis, et al., 2010; Zahlis, et al., 1991), in general, their experiences differ.

This finding is important because there are many survivors who reported that their relationship or marriage ended as a result of the cancer (Holmberg, et al., 2001; Kurowecki, et al., 2014), with the breast cancer being the “trigger that led to the dissolution of the relationship” (Kurowecki, et al., 2014, p. 56). It is understandable that these women would fear entering a new relationship and disclosing the cancer. It is important to emphasize that not only are the experiences different between men who commit to those who are post breast cancer versus those who are going through the cancer with their partner, but that the men in this study reported accepting the cancer early on in the relationship and choosing to commit to these women after knowing about the diagnosis. As mentioned, because the men entered into the relationship openly discussing and accepting the cancer, different norms may be established within those relationships, for example, the norm of open communication, that may enable these couples to cope, and men to react to a potential recurrence in a different manner.

Future Research and Limitations

Future research may focus on experiences of non-heterosexual couples in dating post-breast cancer diagnosis. The present study focused on heterosexual couples in order to obtain a homogenous sample, though it is possible that experiences may differ for non-heterosexual couples. As Kurowecki and Fergus (2014) point out:

There may be important differences in same sex relationships...It is possible, for example, that in intimate relationships, lesbians may feel less defined or may resist being

defined by societal notions of femininity and womanhood, which would then impact how they approach dating and how they relate to a new intimate partner. (p. 62-63)

Future research could also focus on men's experiences of dating women who have not had breast reconstruction. All of the women in the present study had reconstruction post-mastectomy. This study is limited in that it may only represent experiences of men whose partners go through breast reconstruction. It is possible that the men's experience would differ if their partner had only the mastectomy.

The present study focused solely on men who chose to commit to relationships with the survivor. These were the men who did not perceive the cancer to be a deal breaker. The results of this study should be interpreted with caution, as the twelve men in this study may or may not be representative of how men in general could respond to a survivor's cancer history. To some of the men in the present study, the cancer seemed to be just another attribute that the woman had, while to others it seemed to be a larger factor, yet not a relationship deterrent. There may be men who, as one man (4B) reported, do not want to date anyone with any type of problem, be it financial or health related. This study does not represent those men and is not intended to provide the survivor with an understanding of how all men would respond to knowing she is a breast cancer survivor. The goal of this study was specifically to reflect upon the experiences of those who do commit to survivors, and share their story with others.

An additional limitation is that the men in the present study chose to participate. As a result, these men may be different in their experiences from those who chose not to participate in this study. The men were recruited, for the most part, by their partners who saw a posting for the study on the Young Survival Coalition's Facebook page. The men who participated did so because their partners requested that they participate. These men may not be representative of

those who did not chose to participate upon their partner's request. For example, it is possible that men in happier relationships chose to participate in this study, while those in less happy relationships did not. It would be interesting to see if there would be differences in responses and in experiences between the men in this study and those who may have been eligible yet chose not to participate.

Finally, the majority of the participants in the present study were Caucasian (see Tables 1.1 and 1.2), American, and highly educated. It is unclear whether the present findings represent other cultures. It is possible that the significance of the breast, and standards of beauty differ among cultures, races and ethnicities. Future research could focus on the experiences of men from uniquely Asian or African American cultures, for example, and examine any differences present in reaction to the breast cancer.

Clinical Implications

It is important for marriage and family therapists, and all mental health professionals to understand that the effects of cancer “reverberate throughout the family system” (Northouse, et al., 1987, p. 221), even after the cancer is long gone. The men in the present study reported feeling that the survivors sadness about friends passing, or anxiety and stress before a check up or during a cancer scare, affected them and the relationship. Although reported distress does not seem to be a constant focus of their day to day lives, these stressors do come up and continue to be a part of the couple's lives. Checking in with how a partner may be affected by any distress related to cancer may be just as important as checking in with the survivor, even long after the cancer is gone.

It is important to be aware that just as the men in the present study reported “no effects” of the breast cancer but then listed effects after I continued to probe, in the therapy room men

may do the same. The men may be unaware of the effects of breast cancer until a therapist begins to ask about it, prompting the men to think about it. With continued questioning, therapists may find that the partner is indeed being affected, even if he says “no” at first. It is also important to be aware that many of the men did not report their immediate concerns to their partner, even though they thought about them. It is possible that in the therapy room, men may not want to share concerns in front of the survivor. Separating the couple may be necessary in order fully to understand the man’s perspective.

Finally, as a mental health professional working with a breast cancer survivor under 50 who has dating fears, please share the information from the present study. Educate clients so that they are aware of how men who experience dating and committing to women post breast cancer diagnosis and treatment, actually think, feel and react. It may be important for the clinician to acknowledge that while there are men who may be rejecting, there are also men who will respond with acceptance, as the men did in the present study.

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Footnotes

¹ These cancers “have broken through the ductal or glandular walls where they originated and grown into surrounding breast tissue” (American Cancer Society, 2013, p.1).

² These cases include ductal carcinoma in situ (DCIS) and lobular carcinoma in situ (LCIS, also known as lobular neoplasia). DCIS “is a spectrum of abnormal breast changes that start in the cells lining the breast ducts...The abnormal cells have not grown beyond the layer of cells where they originated” (American Cancer Society, 2013, p. 1). LCIS “is not a true cancer or pre-cancer, but an indicator of increased risk for developing invasive cancer” (American Cancer Society, 2013, p.1).

³ A “relative survival rate” measures the survival of the cancer patients in comparison to the general population to estimate the effect of cancer.

⁴ Stage I, II and IIIA (less than ten positive lymph nodes).

Table 1.1

Participant Demographics

Code	Age female	Age diagnosis	Breast surgery	Race female	Relat Status
1	36	31	M w/R	Caucasian	Domestic Part
2	32	27	L	Hispanic	Dating
3	42	35	M w/R	Caucasian	Dating
4	40	33	M w/R	Caucasian	Dating
5	46	41	M w/R	Caucasian	Engaged
6	37	26	M w/R	Caucasian/Asian	Married
7	31	23	M w/R	Caucasian	Married
8	32	26	M w/R	Caucasian	Engaged
9	44	37, 39, 42	M w/R	Caucasian	Married
11	35	27	M w/R	Hispanic	Dating
12	40	29	L w/R	Caucasian	Married
13	43	23, 37	M w/R	Caucasian	Dating

Note: M= mastectomy, including both single and double; R= reconstruction, L= lumpectomy

Table 1.2

Participant Demographics

Code	Age male	Race male	How long w/partner	Treat/Surg status when met partner
1	50	Caucasian	4 Y	Complete
2	37	Caucasian	1 Y, 7 M	Complete, still hormones
3	31	Caucasian	6 M	Complete, still hormones
4	46	Caucasian/Asian	9 M	Complete, without nipple tattoo
5	43	Caucasian	2.5 Y	Complete, without nipple tattoo
6	37	Caucasian	> 10 Y	Complete, had to get final implants
7	33	Caucasian	6 Y	Complete, still hormones
8	34	Caucasian	5.5 Y	Complete, without nipple tattoo
9	46	Caucasian	2.5 Y	Complete, still hormones
11	46	Middle Eastern	2.5 Y	Complete
12	39	Caucasian	4.5 Y	Complete
13	35	Caucasian	6 M	Complete

Table 1.3

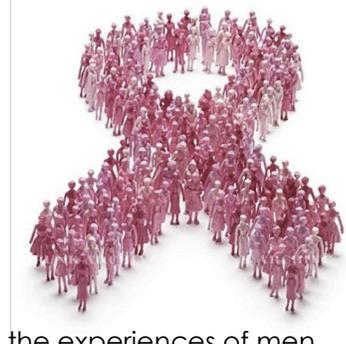
Disclosure Information

Code	Friends first?	Disclosure time	Knew before disclosure convo
1	No	First date	Yes- had a mutual friend
2	No	Third date	No
3	Yes	Before dating- as friends	No
4	No	A few weeks, maybe more	Had suspicions from internet
5	No	On phone before first date	No
6	Yes	Before dating- as friends	Yes- from her hair
7	No	A couple of weeks	No
8	Yes	Second or third date	No
9	No	First week of dating	No
11	Yes	Before dating- as friends	No
12	No	Second date	Had suspicions from mutual friend
13	No	Three weeks	No

Appendix A

Participant Recruitment Flyer

Breast Cancer Survivors: Volunteers Needed For A Research Study at Virginia Tech



I am currently recruiting for my thesis, which focuses on the experiences of men who commit to romantic relationships with women under 50, after these women have been diagnosed with breast cancer.

Breast cancer survivors, if you are eligible, please invite your significant other to participate in my research study.

Eligibility:

Your husband/fiancé/ boyfriend must be over 18 and is eligible to participate if you:

- Are a breast cancer survivor, diagnosed with stages 0 to III breast cancer, and there is currently NO evidence of the disease
- Are in any stage of breast reconstruction
- Were between the ages of 18 and 50 when diagnosed, and when you started dating this man. You can currently be older than 50.
- You are in a committed, heterosexual romantic relationship with this man (married, engaged or steadily dating for at least 6 months) that started after diagnosis.
- You must have met this man after diagnosis, and had not been friends or acquaintances prior to diagnosis.

Both of you must be fluent in English, and have no psychiatric disorder that would interfere with your ability to communicate coherently or complete the interview.

What is involved?

~The study involves a 10-15 minute screening and demographic questionnaire for you. This will be done over the phone.

~ If you qualify, and your partner agrees to participate, I will then interview him over the phone or in-person. The interview will take 30 minutes to one hour. The interview will ask men to reflect on their experiences of being in a relationship that began after the breast cancer diagnosis. All information will remain confidential.

For more information, please contact

Rachel Freidus
301-651-9816
rachel18@vt.edu



Appendix B

Participant Recruitment Email

Hello!

My name is Rachel Freidus and I am a graduate student in Virginia Tech's Marriage and Family Therapy Program. I am currently recruiting for my thesis, which focuses on examining the experiences of men who commit to romantic relationships with women under 50, after the women had been diagnosed with breast cancer.

Although my study focuses on men, I am recruiting the breast cancer survivors, the women these men are dating/married to, and asking that they invite their partners to participate in my study.

The men must be over 18, and are eligible to participate if their wives or girlfriends:

- Are breast cancer survivors diagnosed with stages 0 to III breast cancer and currently have NO evidence of the disease
- Are in any stage of breast reconstruction
- Were between the ages of 18 and 50 when diagnosed, and when they started dating this man. The women can currently be older than 50
- Are in a committed heterosexual, romantic relationship with this man, (married, engaged or steadily dating for at least 6 months) that started after the women had been diagnosed
- The woman must have met this man after diagnosis, and had not been friends or acquaintances prior to diagnosis

The men and their wives/girlfriends must be fluent in English, and have no psychiatric disorder that would interfere with their ability to communicate coherently or complete the interview.

→ The study involves a 10-15 minute screening and demographic questionnaire for the women. This will be done over the phone.

~If the women qualify, and the men agree to participate, I will then interview the men. This interview can take place over the phone or in person. The interview will take between thirty minutes to one hour. The interview will ask men to reflect on their experiences of dating and committing to romantic relationships with women after the women have been diagnosed with breast cancer. The information will remain confidential.

If you are interested and willing to participate, please call me at 301-651-9816 or email me at rachel18@vt.edu. If you know of someone who would be eligible for my study, please share the attached flyer.

Thank you so much!

Rachel Freidus

Appendix C

Posting on Young Survival Coalition's Facebook Page

Did you meet your partner after diagnosis? Virginia Tech marriage and family researcher is looking for men who committed to romantic relationships with women under 50, after the women had been diagnosed with breast cancer. Your husband/fiancé/boyfriend is eligible to participate if you were diagnosed with stage 0 to III breast cancer under 50 and have no evidence of disease currently. You must have met this man after diagnosis, and not been friends or acquaintances prior to diagnosis. Looking for couples who are currently married, engaged or dating for at least 6 months. If your significant other is interested, the young survivor should contact Rachel first at 301-651-9816 or rachel18@vt.edu to schedule a screening interview. If qualified, your male partner will be interviewed via phone at a convenient time.

Appendix D

Verbal Consent, Screening and Demographic Questionnaire

Thank you so much for being interested in my study.

First I am going to read you a verbal consent form, and then if you would still like to participate, I will give you the screening and demographic questionnaire.

As you may have read on the flyer, the goal of my research is to gain a greater understanding of men's experience of dating and committing to women after they had been diagnosed with breast cancer. You'll be helping me determine if your significant other is qualified for my study.

-This involves completing a 10-15 minute screening and demographic questionnaire. If you fit the criteria, and your significant other agrees to participate, I will then conduct a 30-minute to one-hour interview with him, either over the phone or in person. I would like to mention that your significant other is not obligated to participate in the interview. If you are eligible and fit the criteria, he is invited to participate in the study.

- I anticipate minimal risks for participating in this research study. As a result of the questions I ask you, you may experience some emotional discomfort. You may decline to participate or answer any question at any point in time if you wish to do so.

-As a result of participating in this study you may feel a sense of satisfaction for contributing to an important area of research that will help future clinicians as well as individuals with the same experience.

- Every effort will be made to keep the information that you provide strictly confidential. Your responses will be locked in a secure location for the duration of the study. Your name will be replaced with a code and any identifying information will be destroyed. Your name and other identifying information will not be disclosed on any future reports or publications. Only the researchers involved in this study will have access to the identifying information.

- Some of your screening data from this questionnaire may be shared with your significant other, because I may use some of the information as part of my interview. His interview, however, will remain confidential. I will not be able to share his interview data with you. Once the study is complete, I can share a general overview of the study's results.

-There is no compensation, however, participating in this study is beneficial towards understanding the experiences of men who commit to romantic relationships with women post breast cancer diagnosis.

-Your participation in this research is completely voluntary. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized.

Before we begin, do I have your consent to ask screening and demographic questions for my study?

Do you have any questions?

1. Do you identify as female?

2. How old are you now?
3. How old were you when you were initially diagnosed with breast cancer? Did you have any recurrences after the initial diagnosis?
4. What stage of breast cancer was your primary diagnosis?
5. Are you currently in remission, meaning there is currently no evidence of the disease? How long has there been no evidence of the disease?
6. What treatments had you undergone for the breast cancer? (Chemotherapy? Surgery? Mastectomy? Mastectomy with reconstruction?) If undergoing reconstruction, is it complete?
7. What is your current relationship and marital status?
8. When did you meet your significant other? When did you start dating your significant other? (how many years/months ago?)
9. How long after you were initially diagnosed did you start dating your significant other? How far along with treatment were you when you started dating?
10. How old is your significant other?
11. Is your significant other a male?
12. What is your race? What is your significant other's race?
13. What is your ethnicity? What is your significant other's ethnicity?
14. Are you both fluent in English?
15. What is your current job status? What is your significant other's job status? (employed? Full time?)
16. What is your highest level of education? What is your significant other's highest level of education?
17. Do either of you have a psychiatric diagnosis that you feel would interfere with your ability to communicate coherently?

If eligible: Thank you so much for sharing your information with me. Your significant other is eligible to participate in my study. Please give your significant other my email address, rachel18@vt.edu and phone number, 301-651-9816, if he is interested in participating. When I speak with him, I will invite your significant other to participate in my interview. If he does

agree, he and I will schedule a date and time (and location) for the interview. As I mentioned, your significant other is not obligated to participate, just because you are eligible.

If not eligible: Thank you so much for sharing your information with me. Unfortunately because of ____ (the survivor being over 50 when initially diagnosed, or she knew the man prior to diagnosis, etc.) your significant other is not eligible for this study. I so appreciate you taking the time to speak with me.

Do you have any further questions for me?

Thank you again, and have a good day.

Appendix E

Email/Script to Invite Male Participant

Male participant's name,

Thank you so much for contacting me.

Your (wife/girlfriend/fiancé) was screened and fits the eligibility criteria for my study, so I would like to invite you to participate in an interview for my thesis project. You are not obligated to participate. If you choose to participate, your participation in this study is completely voluntary.

I am going to share with you what participating in the interview would involve:

The interview will take between 30 minutes to an hour, and it can take place in person or over the phone. If the interview does take place over the phone, I ask that you speak with me privately, without anyone listening in.

During the interview, I'll be asking you questions about your experience of dating and committing to your significant other, who was diagnosed with breast cancer at a young age, before your relationship started. This research is important because there is almost no research on this topic. I feel that sharing your experience will be extremely helpful both to women who are interested in dating after being diagnosed, and to men who are interested in dating these women.

The interview will be audio recorded, but the information is confidential and the audio recordings will be destroyed after the interview has been transcribed. Also, your name will not be placed anywhere in the report. Instead, a code will replace your name. In addition, what you say during the interview will not be shared with your (wife/girlfriend/fiancé), and she verbally consented to this.

Please let me know if you have any questions.

If you are interested in participating, please let me know what dates and times work for you, and if you would like to interview in person, or over the phone.

If you are interested in participating, I will email you a consent form to read, prior to the interview. You can hand me the signed consent form in person, or verbally consent that you read and understood the form, if we interview over the phone.

Thank you so much and have a good day,

Rachel Freidus

rachel18@vt.edu, 301-651-9816

Appendix F

Consent Form

Research Informed Consent- Male Participants
Informed Consent for Participants in Research Projects Involving Human Subjects

Title of Project: Experiences of men who commit to romantic relationships with women post breast cancer diagnosis

Researchers: Rachel Freidus, Dr. Angela Huebner

I. Purpose of Research: The goal of this research is to understand your experience of dating and committing to your significant other, whom you met and started dating after her breast cancer diagnosis.

II. Procedures: The procedure involves completing a thirty-minute to one-hour interview, either over the phone or in person. If the interview takes place over the phone, you will be asked to speak with me privately, without others listening in. If the interview takes place in person, you and I will agree upon a place of convenience and comfort for you. You will be asked to describe your experience of being in a relationship with, or married to, a woman who had been diagnosed with breast cancer. You will be asked about the time you first learned that your partner had been diagnosed with breast cancer. You will also be asked about how the cancer has had an impact on your relationship. These interviews will be audio recorded and then transcribed for further analysis by the researchers.

III. Risks: The researchers anticipate minimal risks for participating in this research study. As a result of the interview questions, you may experience some emotional discomfort. You may decline to participate or answer a question at any point in time if you wish to do so.

IV. Benefits: As a result of participating in this study you may feel a sense of satisfaction for contributing to an important area of research that will help therapists and other people with the same experience. You may also find it beneficial to share your experiences of dating and committing to a woman post breast cancer diagnosis.

V. Extent of Anonymity and Confidentiality: Every effort will be made to keep the information that you provide strictly confidential. Your responses will be locked in a secure location for the duration of the study. Your names will be replaced with a code and any identifying information will be destroyed. Your names and other identifying information will not be disclosed on any future reports or publications. Those who transcribe will be asked to sign a confidentiality agreement. Only the researchers involved in this study will have access to the identifying information.

In addition, what you say during this interview will not be shared with your significant other. She is aware of this, and has agreed to a verbal consent, explaining that your data will not be shared with her. You may choose to share whatever information you like.

VI. Compensation: There is no compensation, however, participating in this study is beneficial in that you are contributing to an important area of research.

VII. Freedom to Withdraw: Your participation in this research is completely voluntary. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized.

VIII. Participant's Responsibilities: I voluntarily agree to participate in this study. I have the following responsibilities: I will complete a thirty-minute to one-hour interview in-person, or over the telephone. If I complete my interview in-person, it will take place at a location agreed upon by the researcher and myself. If the interview takes place over the phone, I will speak with you privately at an agreed upon time and date.

IX. Participant's Permission:

Your signature indicates that: you are at least 18 years of age; you have read the consent form; the research has been explained to you; your questions have been fully answered; and you freely and voluntarily choose to participate in this research project.

Participant's Name (please print): _____

Participant's Signature: _____

Date: _____

If you have any questions about this research project, please feel free to contact:

Rachel Freidus, Ph.D., Principal Researcher

301-651-9816

Rachel18@vt.edu

Angela Huebner, Ph.D., Faculty Advisor

(703) 538-8491

Ahuebner@vt.edu

David M. Moore

Chair, Virginia Tech Institutional Review

Board for the Protection of Human Subjects

Office of Research Compliance

(540) 231-4991

moored@vt.edu

Appendix G

Verbal Consent, Interview and Script

Thank you so much for participating in my study.

Before we begin, did you have a chance to review the consent form? Do you understand the consent form? Do you have any questions about the consent form?

If in person: Ok, please sign the consent form.

If this is a phone interview and the consent form is not being handed to me in person: Do you verbally consent to participate in this study?

Today I'll be asking you questions about your experience of dating and committing to your significant other, who was diagnosed with breast cancer at a young age, before your relationship started. Although there is some research from the man's perspective on coping with breast cancer, most of it involves older couples who had been together for a while before the diagnosis. There is almost no research on the experiences of men who date and commit to women who had been diagnosed before the relationship started. I feel that sharing your experience will be extremely helpful both to women who are interested in dating after being diagnosed, and to men who are interested in dating these women.

Do you have any questions for me before we start?

1. How long after you started dating, did FP (female partner) first tell you about the breast cancer? Can you describe the conversation? (If not already mentioned: Did you have any idea about the cancer prior to this conversation?)
2. What was it like for you to hear that FP had been diagnosed with breast cancer? (Probe if needed: What was going on in your mind at the time? How did you feel during that conversation? What was your reaction?)
3. Based on research with breast cancer survivors, the women report that sometimes the disclosure that they had breast cancer affects their new relationship, while other times it does not. There is not much research from the men's point of view. How do you feel this disclosure affected you and your relationship at the time? (If appropriate, and not already mentioned: What areas of the relationship do you feel it affected the most? The least?)

4. After this conversation, what concerns, if any, did you have about dating FP? (If necessary: Did you talk about your concerns with FP?)

Sub-question: What is the man's perception of how the breast cancer and any treatment, have affected their relationship?

5. What effect, if any, has the breast cancer (add in if relevant: and the mastectomy- OR- the mastectomy and reconstruction), had on your physical intimacy and sexual relationship?

6. What positive effects has the breast cancer (add in if relevant: and the mastectomy- OR- the mastectomy and reconstruction) had on your relationship, if any?

7. What negative effects has the breast cancer (add in if relevant: and the mastectomy- OR- the mastectomy and reconstruction) had on your relationship, if any?

8. Research on men whose significant others are diagnosed with cancer while they are already married or dating, shows that once the women are in remission (or have no evidence of the disease), some men may be concerned about future recurrence. What are your concerns about the future, if any? (If necessary: How do you cope with these concerns?)

9. Do you have any advice for men who are considering dating breast cancer survivors?

Debriefing

Ok, that brings us to the end of our interview. Thank you so much for sharing your personal experiences with me today.

Do you have any questions about anything?

If you feel you would like more information about breast cancer or supportive resources for yourself or your partner please visit www.komen.org.

If you are interested in the results of the study, let me know by emailing me at rachel18@vt.edu and when the study is complete, I can give you a general overview of the results.

Again, thank you very much for your participation and have a good day.