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# Balancing intimacy, family life and cancer – A qualitative study on the impact of parental cancer on the couple relationship in couples with dependent children

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## ABSTRACT

**Purpose:** In-depth exploration of how the couple relationship is affected by parental cancer in couples with dependent children.

**Methods:** Semi-structured interviews were carried out with a convenience sample of 17 parents with cancer who were in a couple relationship and had children aged 18 years or younger. Data were analysed using qualitative content analysis.

**Results:** The content analysis resulted in three categories representing areas in the couple relationship that had changed following the cancer diagnosis: *Altered communication*; *Adapting to new roles*; and *A change in sex life, intimacy and fertility*. The results illustrate a significant increase in the need for constructive communication when couples face a range of emotionally-charged topics that were made difficult to talk about due to the children being present. The results also showed that the experience of cancer had forced couples to adapt to new roles in their relationship, and in the family, in order to manage the complex practical issues of simultaneously being parents and dealing with cancer. Lastly, both physical and psychological aspects of cancer had affected the couples' sex life, intimacy and fertility including decreased sexual engagement and changed conditions impacting family planning.

**Conclusions:** Results highlight the specific areas that are challenging for couples facing cancer who are parents of dependent children. Couples may need support to cope with these challenges due to the complexity of parenthood when managing cancer as a couple.

## 1. Introduction

Cancer is a life-changing disease and nearly 20 million new cases are diagnosed worldwide every year (Bray et al., 2024). A cancer diagnosis affects not only the individual with cancer, but also their family including their partner and children. Previous research has shown that following a cancer diagnosis, a couple relationship can be challenged and under massive strain from physical, emotional and social stressors. Couples face psychological distress, fear of death, sexual dysfunction, risk of infertility, body image disturbances, and financial problems (Brandão et al., 2017). Additionally, for couples who have dependent children, this also includes the stress of maintaining family life and

providing emotional and practical support to the children. It has been shown that parents with cancer report significantly higher levels of depression and anxiety compared to those who do not have children (Akter et al., 2016; Arès et al., 2014; Park et al., 2016). Parenting concerns in parents with cancer are associated with depression, anxiety and stress (Romare Strandh et al., 2024). Another study showed that anxiety levels remain high even after cancer treatment is finished, and that partners also report high levels of anxiety (Götze et al., 2017).

Due to the adversity and psychological challenges faced while coping with cancer, couples have an increased risk of relationship distress (Langer et al., 2022). However, in a study of relationship dynamics in breast cancer patients, couples who were able to maintain intimacy,

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build constructive mutual communication, adopt common dyadic coping strategies, and provide each other with mutual psychosocial support, reported high levels of relationship functioning despite the challenges (Valente et al., 2021). Good communication, in particular, has been linked to greater emotional security and relationship satisfaction for both partners in the aftermath of cancer (Manne et al., 2006), and less relationship distress (Holmberg et al., 2001). In families with parental cancer, the couple not only have to communicate with each other about the cancer, but also with their children, which has been described as difficult and stressful (Semple and McCance, 2010). Communication challenges can influence how couples approach conflict resolution, and maintain intimacy and a sex life (Kung, 2000). For example, in patients with head and neck cancer, avoiding the discussion about cancer-related problems with their partners has been associated with lower levels of intimacy in the relationship, as well as greater psychological distress over time (Manne et al., 2012). Previous research has also shown that cancer has a significant effect on the sex lives of patients, due to both the physical and emotional consequences of the cancer and its treatments. The most common sexual dysfunctions related to cancer treatment are reduced desire and arousal, erectile dysfunction, and vaginal discomfort (Ljungman et al., 2018, 2019; Sousa Rodrigues Guedes et al., 2022; Wettergren et al., 2022). In addition, psychological side effects, such as depression, anxiety and body image issues, may affect sexual intimacy after cancer (Ljungman et al., 2019; Sousa Rodrigues Guedes et al., 2022). Sexual dissatisfaction has been shown to hinder marital adjustment (Badr and Carmack Taylor, 2009), whereas open communication, mutual support and coping, and maintained sexual function have been associated with adaptive marital adjustment (Brandão et al., 2017).

Although previous research has shown cancer having significant consequences for couple relationships, there remains a lack of understanding of how the relationship is affected in couples parenting dependent children, despite the well-known association between relationship functioning and psychological well-being for the whole family. Having to balance parenthood and cancer is often physically and emotionally exhausting, because parents need to manage the demands of their illness while also managing caregiving responsibilities (Kuswanto et al., 2018; Semple and McCance, 2010), adding another layer of complexity to the cancer experience. The aim of this study was, therefore, to explore in-depth how the couple relationship is affected by parental cancer in couples with dependent children.

## 2. Methods

### 2.1. Design

A qualitative design was used to gain an in-depth understanding of how the couple relationship is affected in couples who have children where one of the partners has been diagnosed with cancer. The procedure of this study and reporting was conducted in accordance with guidelines for reporting qualitative research: Standards for Reporting Qualitative Research (SRQR) (O'Brien et al., 2014).

### 2.2. Participants and procedure

The participants were adults with cancer who were in a partnered relationship and had children aged 18 years or younger. Participants were recruited through convenience sampling between August 2021 and February 2022 via advertisements distributed by 21 patient organisations, a project website, social media (e.g., Facebook groups/pages/ads and well-established Instagram profiles) and information sheets sent to oncology clinics in Sweden for display. The inclusion criteria were being an adult diagnosed with any type of cancer within the past five years, being a parent of a dependent child (aged 18 years and younger) and, for the purposes of the present study, being in a couple relationship. Participants also needed to be able to complete the interview in Swedish or

English. Thirty eligible parents were interested in participating, of whom eight did not respond after the initial contact and being sent one reminder. Of the 22 potential participants, 17 reported having a partner and were included in the study.

This study was approved by the Swedish Ethical Review Authority (reference number 2021-02642). The integrity of the participants and the data were protected in accordance with the Information and Secrecy Act 24; 8§ and The General Data Protection Regulation (GDPR). Written informed consent was collected from all participants prior to the interviews.

### 2.3. Data collection and analysis

Interviews were conducted between September 2021 and March 2022 via video link (Zoom), telephone, or face-to-face, depending on the participants' preferences. The interviews lasted between 29 and 99 min (average length 67 min) and were performed by one member of the research team with previous experience of qualitative interviews (MRS). The interviewer followed a semi-structured interview guide with open-ended questions to enhance context-rich descriptions relating to mental well-being, parenthood, family life, and relationship to the partner (Supplementary material). The interview guide was developed from the previous literature, but the interviews were not strictly limited to these topics, allowing participants to talk freely and share their experiences, with the possibility for the interviewer to ask follow-up questions for more details or clarification. All interviews were audio-recorded and transcribed verbatim by a professional transcriber.

The interviews were analysed using qualitative content analysis (Graneheim and Lundman, 2004). An inductive approach was employed in order to identify patterns of meaning in the material and to bring these together as a whole. The analysis started with reading all the interview transcripts (unit of analysis) to obtain a sense of the whole. Meaning units were then identified in each interview, with units consisting of excerpts from the interview transcripts that were of importance to the research question (LL, SÖ). The selected meaning units were then condensed, abstracted, and labelled with a code (LL, SÖ). In the next step, the codes were compared for differences and similarities, and sorted into internally homogeneous and externally heterogeneous sub-categories and categories constituting the manifest content of the analysis (LL, SÖ). To increase the credibility of the results, all transcripts were re-read and all codes were re-sorted into the existing categories (GM, MRS), which were further discussed and revised (GM, MRS, LL, AW). Codes were compared and discussed until consensus was achieved and grouped together to generate categories and subcategories that described parents' experiences. This was an active, dynamic and reflective process, and transcripts and codes were revisited multiple times by the same authors (LL, SÖ) with input from the other authors (PE, GM, MRS, AW) before final definitions were formed. Representative quotations were selected to illustrate the results.

## 3. Results

The characteristics of the study participants are shown in Table 1. The majority of parents were mothers (82%) aged between 31 and 53 years old, and several cancer diagnoses were represented. All parents were cohabiting and in a heterosexual relationship. The length of time they had been in their relationship ranged from 3.5 to 32 years (average 17 years). More than one-third of parents (35%) had incurable cancer at the time of the interview.

The content analysis resulted in three categories representing aspects of the relationship that were impacted by the cancer: *Altered communication; Adapting to new roles;* and *A change in sex life, intimacy and fertility*, with nine subcategories. The results are illustrated in Fig. 1.

**Table 1**  
Characteristics of study participants.

Characteristic	Mean [sd] or n (%)
Age	41.1 [7.6]
Gender	
Female	14 (82)
Male	3 (18)
Educational level	
Secondary education	6 (35)
Post-secondary education	11 (65)
Relationship status	
Married in a heterosexual relationship	13 (76)
Co-habituating in a heterosexual relationship	4 (24)
Relationship length	17.2 [7.4]
Diagnosis	
Colorectal cancer	2 (12)
Cervical cancer	1 (6)
Sarcoma	2 (12)
Lung cancer	2 (12)
Thyroid cancer	1 (6)
Brain tumour	1 (6)
Breast cancer	3 (18)
Bile duct cancer	1 (6)
Nasal and sinus cancer	1 (6)
Endocrine cancer	2 (12)
Myeloproliferative neoplasm	1 (6)
Incurable cancer	
Yes	6 (35)
No	11 (65)

Note: Due to the rounding of decimals numbers do not add up to 100.

### 3.1. Altered communication

This category describes the importance of well-functioning communication in a relationship where one partner is diagnosed with cancer and the couple have dependent children. The content of the category includes descriptions of the benefits of good communication and the adverse consequences when this is lacking. Two subcategories make up this category: *Emotionally-charged communication* and *Communicating a new outlook*.

#### 3.1.1. Emotionally-charged communication

Parents described that in dealing with the hardship of cancer as a couple, they were confronted with new and difficult topics to address, which led to an increased need to communicate with their partner. These emotionally-charged topics, sometimes unfamiliar to the couple, demanded new communication skills. Difficult topics included telling the children about the cancer, a changed sex life, uncertainty about the

future, and death. Parents felt a need to be open and talk about their illness and the difficult topics in order to cope with their situation, but at the same time wanted to protect their children from hearing about difficult things. The couples often chose therefore to only talk to each other about the cancer when they were alone, limiting their ability to talk when necessary.

*"When the news came, of course we reacted, but as soon as we got home to the children, we held it together, and we kept it together, and we're still holding it together. [...] But if we hadn't had children, we might have [...] reacted more and dared to talk about it more."* (ID2)

Some parents reported that living with the disease made them more attentive to, and appreciative of, their partners, which contributed to increased and deepened communication between them. However, a lack of adequate communication between partners was described as negatively impacting the relationship. Parents described feeling alienated, misunderstood, and not having their needs met when their partner did not want to, or did not have the capacity to, communicate sufficiently. Some couples had difficulty understanding each other's reactions, and differences in communication needs and styles became more visible. The needs in the relationship were described by one parent as unbalanced, since she coped with the disease by needing space but her partner needed to be close and talk about the cancer frequently. Another parent described the same phenomenon from the opposite viewpoint:

*"At times, I feel a need to vent or talk about the past or my worries about the future and then you're met by someone who doesn't want to talk about it at all ... So, sometimes it's like you're alone with these thoughts even though you have your partner."* (ID13)

#### 3.1.2. Communicating a new outlook

Parents described being diagnosed with cancer as a transformative experience which had changed them and their outlook on many aspects of themselves, their illness, parenthood, and their relationship. Feeling like a new or a different person challenged parents in how this could be communicated to, and understood by, their partner while maintaining the relationship bond.

*"I think a little differently now and maybe act differently. We try to talk, but right now it's tiring, and I think this is part of going through tough things, that you change and maybe think in a different way, and maybe it's hard to be a partner and not really keep up with what's going on."* (ID19)

The changed outlook on life also influenced their joint parenting.

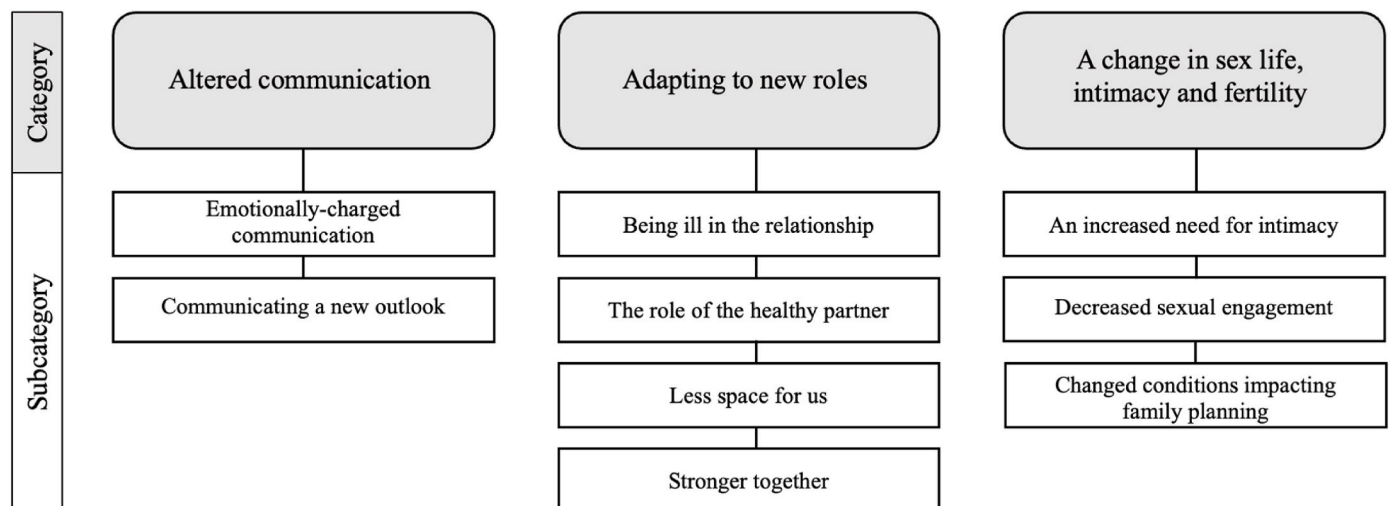


Fig. 1. Overview of categories (above) and subcategories (below) describing the effects of cancer on the couple relationship.

One parent described how she had deviated from mutually agreed-upon parenting strategies, for example maintaining firm boundaries, due to the cancer experience. Other parents described having less patience and a reduced willingness to compromise on their own needs in the relationship, which resulted in harsher communication.

*"For example, trivial everyday things like stuff left on the table that needs to be put away. In the past, I might have been able to wait for it to be put away and give hints, but now I say immediately: 'well, put it away, seeing it is tiring'."* (ID4)

### 3.2. Adapting to new roles

Parents described how cancer had forced them to change their roles in their relationship and in the family, and that difficulties in adapting to this change affected the relationship in a negative way. Further, they reported having found new ways to collaborate with their partner, strengthening the sense of togetherness in the relationship, but that it was also hard to find time to nurture the relationship. This category included four subcategories: *Being ill in the relationship*; *The role of the healthy partner*; *Less space for us* and *Stronger together*.

#### 3.2.1. Being ill in the relationship

The deterioration of health associated with cancer affected the parent's ability to carry on as before and meet the demands of everyday life and parenthood, which resulted in a need to adapt to a new role in the relationship. Parents described having to step back from many practical aspects of everyday life and parental responsibilities, often due to fatigue, which consequently led to feelings of guilt and inadequacy, and of being dependent on their partner who had to step up. However, for some, being on sick leave facilitated them being able to relieve their partner of household chores and parental responsibilities. In some cases, parents noticed that their cancer journey had taken a toll on their partner's mental health and sought professional help for them.

Adapting to being ill within the couple relationship dynamics entailed having to face the uncertainties of disease progress, and worrying about the relationship between the children and the remaining partner, in the case of the ill parent's death.

*"I tried to push my children away, it's completely insane how one thinks. Because I thought they should bond more with my husband, since I wouldn't still be here."* (ID10)

Some parents, however, described wishing not to act differently than before the disease, despite the stressors put on the relationship by the cancer, in an attempt to not let the cancer affect them and to maintain the relationship dynamic and family life.

#### 3.2.2. The role of the healthy partner

The cancer journey also affected the partner negatively, and the parents described how their partners had been stressed, worried, and had less patience with them and the children. An emerging area of worry for partners was whether they were going to become a single parent if the cancer became fatal.

*"He told me that he was thinking when he was driving, like 'what will happen, will [my partner] die? Will I become a single parent and what should I do? How will I take care of the children?' Of course everything is put to the test."* (ID13)

Since the cancer diagnosis, the partner's role in the relationship and in the family had changed. They had needed to take on new responsibilities in the relationship, both for the children and everyday matters. It was essential for parents to have their partner as support in all these aspects. As an example, parents wanted their partner to accompany them to the hospital, but in order to do so, they often needed someone to take care of the children. Without such support, the partner had to stay home with the children instead. COVID-19 restrictions and a

lack of routines in healthcare services also limited the possibility for both the partner and the children to attend.

Partners did not always take on a new supportive role, described by the parents as a result of lack of energy, capacity or of prioritising working instead. In these cases, parent's expectations of being taken care of, and that their partner would manage family life, were unfulfilled. This resulted in feelings of disappointment and frustration that impacted the relationship negatively.

*"He was so uninvolved ... I didn't get the support I needed from him when I got sick. And I understand him too, but I didn't receive what I needed from him as a partner at all."* (ID3)

#### 3.2.3. Less space for us

Living with cancer had resulted in new conditions for the relationship with regard to quality time spent together, which the couple had to adapt to. Parents described how dealing with cancer and everything associated with it, such as intensive treatments and doctors' appointments, in addition to everyday practicalities and taking care of the children, hindered quality time with their partner. As a few examples, couples had to do things separately with the children when the ill parent did not have the energy to participate in family activities, or parents prioritised spending time with their children instead of their partner. It was described as hard to nurture both the children and a relationship at the same time as being ill with cancer. The needs of the children, and certain treatments, also made it hard for the partners to have childfree time together at night, since they had to sleep in separate rooms. All these things contributed to a desire for more time together to nurture the relationship.

*"I take cortisone, and cortisone can make you feel alert and [ ... ] when I wake up at night, I can't fall back to sleep, which means that my husband has to sleep in my children's room because otherwise they call for mummy."* (ID8)

#### 3.2.4. Stronger together

When the couple had managed their new respective roles successfully, it had a positive impact on the relationship. Having a supportive partner was, at times, described as being more helpful than receiving professional psychosocial support. Parents were able to see resources and abilities in their partners that had previously gone unnoticed and experienced gratitude towards, and appreciation of, their partners. Going through a cancer journey with a supportive partner brought a sense of being able to collaboratively tackle problems in new ways, strengthening the relationship. They had become a team which, despite limited resources, managed the cancer, handled everyday responsibilities, and cared for their children as a unit.

*"We've gone through something together. It feels a bit like if we can do this, we could handle pretty much anything. Nothing is too difficult to handle."* (ID3)

### 3.3. A change in sex life, intimacy and fertility

This category describes the effects of cancer on the parents' sex life, intimacy, and fertility, including changes due to physical and emotional aspects. Three subcategories make up this category: *An increased need for intimacy*; *Decreased sexual engagement* and *Changed conditions impacting family planning*.

#### 3.3.1. An increased need for intimacy

Parents experienced an increased need for intimacy after being diagnosed with cancer, both couple intimacy with their partner and closeness with their children, and craved more affirmation from their partner. Multiple factors contributed to this, including the uncertainty associated with the disease and feelings of anxiety or sadness.

*"The times when I'm in a type of depression ... when I feel worried [...] and I'm afraid of scan results and that stuff, I've needed perhaps more intimacy and more closeness, or more confirmation via sex." (ID20)*

The need for intimacy did not have to include sex, and could be fulfilled by everyday physical touch, such as hugging. Intimacy in any form was described as important, resulting in a deepening of the emotional and loving bond.

### 3.3.2. Decreased sexual engagement

The psychological and physical strains of having cancer and the side effects from treatments, such as worry or dry mucous membranes, led to decreased lust and sexual function. Needing to prioritise family needs added further restraints on parents' sex lives, for example co-sleeping with children or having to sleep separately with the children. Parents also experienced the cancer impacting their body image negatively. They described feeling less attractive and thereby not wanting to be intimate with their partner.

*"So physically, I'm not comfortable with my body at all. I have changed a lot, gained a lot of weight from the treatments and entered menopause. This ... and not having any hair, no eyebrows, no eyelashes ... I don't have the same feeling in .... well in those places in general ... So of course, I'm not as comfortable being intimate as I have been before." (ID13)*

Parents expressed a wish for sexual intimacy to return to how it was before cancer, and that they had tried to work on their sex life, for example by seeing a sexologist. However, healthcare professionals seemed unwilling to address sexual problems, which created a frustration for the couple. In contrast, the couple did not always have a joint wish for increased sexual engagement, and when sexual needs were mismatched, couples felt sexually incompatible. However, when both partners experienced reduced lust, they reflected that, since it was a shared experience, it was not a source of conflict but rather something they mutually accepted, just as they had previously accepted that their sex life had been impacted by having children.

*"Now it's like [our sex life] is on a break. Just like when the children were small, it comes back at times but less frequently now. Thank God we both have the same low sex drive, otherwise it would have been difficult." (ID16)*

Some parents described that decreased sexual engagement transformed the relationship from a couple one to a friendship. This shift was not necessarily negative; parents described how the relationship may even have deepened because of it.

### 3.3.3. Changed conditions impacting family planning

Due to physical changes related to the cancer and the treatments, parents reported having to reconsider or postpone plans for having more children. Fertility was negatively affected and having children became a medical matter instead of a decision solely based on the couples' wishes. Having cancer could also affect parents' views on whether or not they wanted to have more children, and cause discrepancies in the relationship when the partners' wishes did not concur.

*"It has affected things quite a lot, I think, because when we met, [...] I think she wanted to have another child. I didn't want that [because of the cancer]. So, we had a period there that I think affected things a bit, because it was difficult for her. Should she stay in this relationship? She likes me a lot ... but does she have to end it because she wants another child?" (ID14)*

## 4. Discussion

This study aimed to explore in-depth how the couple relationship is affected by parental cancer in couples with dependent children. The results highlight that couples face multiple demanding changes and

stressors throughout the cancer journey. Three main categories were identified, pointing to challenges in communication, in adapting to new roles, and the impact of cancer on sex, intimacy and fertility. The shared experience of living through the disease while jointly caring for dependent children, and all that this entailed was, however, also perceived as a bonding experience. A strengthening of the relationship was understood as being due to the development of better communication and cooperation. At the same time, a negative impact on the relationship was related to a lack of communication, difficulty adapting to the simultaneous hardships of cancer and parenthood, reduced intimacy, and a dwindling sex life, or a combined effect of these factors.

Previous findings have highlighted the importance of constructive communication in couples with cancer (Manne et al., 2006). Couples who communicate openly about the cancer, and who use mutual coping strategies associated with good communication, also give more reciprocal support throughout the progression of the disease, and experience greater marital adjustment and relationship satisfaction and less relationship distress (Badr and Carmack Taylor, 2009; Brandão et al., 2017; Ștefănuț et al., 2021; Traa et al., 2015). In line with these findings, we observed that couples who reported good communication also described an improved relationship after the cancer diagnosis.

In this study, parents who experienced a lack of well-functioning communication reported that it did not always originate in an unwillingness to communicate, but that it was due to a lack of time to talk without the children overhearing the conversations. Previous research has shown that parenthood can put a strain on a couple's relationship by it minimising the opportunity to spend time together one-on-one (Delicate et al., 2018). The parents in the present study described that the needs of the children and the cancer treatment were their first priority, thus leaving less space for the couple relationship and opportunities to communicate. Parents wanted to protect their children by not fully expressing their feelings and reactions, which they would have done if they had been alone with their partner, adding an extra layer of challenges to communication between the couple. Porter and colleagues (2005) found that low levels of disclosure, and high levels of withholding information and feelings, were associated with poorer relationship functioning and increased psychological distress for both the patients and their partners. Since poor communication is associated with increased psychological and marital distress in patients with cancer, it highlights the need for support in communication for couples (Holmberg et al., 2001; Ștefănuț et al., 2021), perhaps even more so among those who are also parents.

In the present study, the parents described that it was important for them to feel as if they were tackling the cancer and its challenges together with their partner, which when it was perceived as a joint effort, strengthened the relationship. Previous research has also highlighted that cancer can indeed bring couples closer together (Dorval et al., 2005). In contrast, parents expressed frustration and sadness when they did not get the support they expected from their partner. Götze et al. (2015) found that support from one's partner is an integral part of the well-being of patients with cancer, and that it can even have an effect on survival (Aizer et al., 2013). At the same time, in this study, parents whose partners supported them in everyday life and in parenting experienced guilt for placing a perceived burden on their partner and for the toll this burden had sometimes taken. The burden of a partner-caregiver role has been described as a source of distress for the partner (Geng et al., 2018; Möllerberg et al., 2016; Nik Jaafar et al., 2014), but our results also highlight the patient's guilt. Furthermore, relying heavily on one's partner has been associated with the patient not seeking and receiving desired support elsewhere (Hagedoorn et al., 2008). This was not apparent in our study, since the couples sometimes received external support, especially in taking care of the children. Having children generally increases the need for support from outside the family and makes it more visible, especially if one parent has cancer. Nevertheless, a social support network and relationship functioning may still be of importance when assessing the need for further support to

parents with cancer.

Parents in this study described how the psychological and physical effects of cancer negatively impacted their sex lives, which is in line with previous research (Gilbert et al., 2013; Sousa Rodrigues Guedes et al., 2022). Sexual functioning and satisfaction have been linked to marital adjustment and are therefore important factors to consider (Badr and Carmack Taylor, 2009; Brandão et al., 2017). In the present study, parents compared the lack of sexual engagement to the time when their children were small, accepting the diminished sex life as something natural, with hopes of this being temporary. The recent or ongoing experience of a decreased sex life, due to having small children, may perhaps also help parents mutually accept and cope with this in relation to cancer. However, parents also described that intimacy could be maintained in other ways than through sex. Valente et al. (2021) identified resilient intimacy as a positive predictive factor for couple's psychological adaptation to cancer, which is further highlighted by our results, where intimacy and closeness were more important than sex.

The areas of challenges identified in this study interact with each other, which should be acknowledged in describing relationship challenges after a cancer diagnosis. For example, in the present study, parents who reported better communication and greater tenderness towards each other also experienced improved relationship quality, which is in line with previous findings on the association between communication, relationship distress and levels of intimacy (Manne et al., 2012). In addition, in light of the results of the present study, parenting aspects when dealing with cancer seem to further interact in affecting the couple relationship, making some challenges even more difficult by adding the role of being parents, to that of being partners managing cancer.

#### 4.1. Strengths and limitations

A strength of this study was that credibility was increased through the use of an established analysis strategy (Graneheim and Lundman, 2004), including discussing results until consensus was reached. Dependability was increased by thorough documentation of the study process. The use of a professional transcriber ensured accurate transcription of the audio-recorded interviews without interpretations. Regarding transferability, we included individuals where various cancer diagnoses were represented, which implies that the results may be transferred to a larger population. A limitation to the transferability was that only the parent with cancer was interviewed, giving the results a one-dimensional view of the impact on the relationship. Moreover, a majority of the parents were mothers with similar demographics (e.g., age, educational level and living in a heterosexual relationship). Finally, the trustworthiness of the results was strengthened by a multi-professional team being involved in the research, from data collection through to analysis and interpretation.

#### 4.2. Implications for clinical work

Our results highlight many areas of difficulty affecting couples who are simultaneously managing a couple relationship, cancer and parenthood, and these difficulties may lead to a need for professional support. In a systematic review of couple-based interventions for couples affected by cancer, the results showed that such interventions are effective in improving communication, reducing psychological distress, and increasing social adjustment (Regan et al., 2012). In this study, individuals who reported already having good communication with their partner described less need for support from healthcare professionals than those who were struggling. Implications for clinical work include recognising the complexities that cancer and parenthood of dependent children entail, such as specific communication challenges, changed family dynamics, difficulties in finding time to nurture a relationship, and new conditions for sex, intimacy and fertility. This knowledge can inform the assessment of professional support needs, and the

development of appropriate support interventions for this growing population's complex challenges.

## 5. Conclusion

The study underscores the multifaceted impact of cancer and parenthood on couple relationships, mainly in areas of communication, changed roles, and intimacy. The challenges described by participants add a unique perspective on parent-specific issues affecting couple relationships. The couple's ability to adapt to these challenges significantly influences relationship functioning. As a result, while some couples grew closer, others became more distant, and some transitioned to a friendship rather than a couple relationship. These findings suggest that support for parents dealing with cancer should focus on the already known struggles of couples facing cancer, but also consider the additional complexities of simultaneously parenting dependent children.

### CRedit authorship contribution statement

**Anna Wikman:** Writing – review & editing, Writing – original draft, Supervision, Methodology, Funding acquisition, Formal analysis, Conceptualization. **Siri Örnéus:** Writing – review & editing, Writing – original draft, Formal analysis. **Greta Melzi:** Writing – review & editing, Writing – original draft, Formal analysis. **Pia Enebrink:** Writing – review & editing, Methodology. **Maria Romare Strandh:** Writing – review & editing, Project administration, Methodology, Investigation, Formal analysis, Conceptualization. **Lisa Ljungman:** Writing – review & editing, Writing – original draft, Supervision, Methodology, Formal analysis, Conceptualization.

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### Declaration of competing interest

None declared.

### Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.ejon.2025.102814>.

## References

- Aizer, A.A., Chen, M.-H., McCarthy, E.P., Mendu, M.L., Koo, S., Wilhite, T.J., Graham, P. L., Choueiri, T.K., Hoffman, K.E., Martin, N.E., Hu, J.C., Nguyen, P.L., 2013. Marital status and survival in patients with cancer. *J. Clin. Orthod.* 31, 3869–3876. <https://doi.org/10.1200/JCO.2013.49.6489>.
- Akter, J., Khan, J.G., Khan, M.H., Hossain, M.Z., 2016. Psychological distress in cancer patients with underage children. *J. Dhaka Med. Coll.* 24, 146–151. <https://doi.org/10.3329/jdm.v24i2.29627>.
- Arès, I., Lebel, S., Bielajew, C., 2014. The impact of motherhood on perceived stress, illness intrusiveness and fear of cancer recurrence in young breast cancer survivors over time. *Psychol. Health* 29, 651–670. <https://doi.org/10.1080/08870446.2014.881998>.
- Badr, H., Carmack Taylor, C.L., 2009. Sexual dysfunction and spousal communication in couples coping with prostate cancer. *Psycho Oncol.* 18, 735–746. <https://doi.org/10.1002/pon.1449>.
- Brandão, T., Pedro, J., Nunes, N., Martins, M.V., Costa, M.E., Matos, P.M., 2017. Marital adjustment in the context of female breast cancer: a systematic review. *Psycho Oncol.* 26, 2019–2029. <https://doi.org/10.1002/pon.4432>.
- Bray, F., Laversanne, M., Sung, H., Ferlay, J., Siegel, R.L., Soerjomataram, I., Jemal, A., 2024. Global cancer statistics 2022: GLOBOCAN estimates of incidence and

- mortality worldwide for 36 cancers in 185 countries. *CA A Cancer J. Clin.* 74, 229–263. <https://doi.org/10.3322/caac.21834>.
- Delicate, A., Ayers, S., McMullen, S., 2018. A systematic review and meta-synthesis of the impact of becoming parents on the couple relationship. *Midwifery* 61, 88–96. <https://doi.org/10.1016/j.midw.2018.02.022>.
- Dorval, M., Guay, S., Mondor, M., Mâsse, B., Falardeau, M., Robidoux, A., Deschênes, L., Maunsell, E., 2005. Couples who get closer after breast cancer: frequency and predictors in a prospective investigation. *J. Clin. Orthod.* 23, 3588–3596. <https://doi.org/10.1200/JCO.2005.01.628>.
- Geng, H., Chuang, D., Yang, F., Yang, Y., Liu, W., Liu, L., Tian, H., 2018. Prevalence and determinants of depression in caregivers of cancer patients: a systematic review and meta-analysis. *Medicine* 97, e11863. <https://doi.org/10.1097/MD.00000000000011863>.
- Gilbert, E., Ussher, J.M., Perz, J., Wong, W.K.T., Hobbs, K., Mason, C., 2013. Men's experiences of sexuality after cancer: a material discursive intra-psychic approach. *Cult. Health Sex.* 15, 881–895. <https://doi.org/10.1080/13691058.2013.789129>.
- Götze, H., Ernst, J., Brähler, E., Romer, G., Von Klitzing, K., 2015. Predictors of quality of life of cancer patients, their children, and partners. *Psycho Oncol.* 24, 787–795. <https://doi.org/10.1002/pon.3725>.
- Götze, H., Friedrich, M., Brähler, E., Romer, G., Mehnert, A., Ernst, J., 2017. Psychological distress of cancer patients with children under 18 years and their partners—a longitudinal study of family relationships using dyadic data analysis. *Support. Care Cancer* 25, 255–264. <https://doi.org/10.1007/s00520-016-3411-z>.
- Graneheim, U.H., Lundman, B., 2004. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ. Today* 24, 105–112. <https://doi.org/10.1016/j.nedt.2003.10.001>.
- Hagedoorn, M., Sanderman, R., Bolks, H.N., Tuinstra, J., Coyne, J.C., 2008. Distress in couples coping with cancer: a meta-analysis and critical review of role and gender effects. *Psychol. Bull.* 134, 1–30. <https://doi.org/10.1037/0033-2909.134.1.1>.
- Holmberg, S.K., Scott, L.L., Alexy, W., Fife, B.L., 2001. Relationship issues of women with breast cancer. *Cancer Nurs.* 24, 53–60. <https://doi.org/10.1097/00002820-200102000-00009>.
- Kung, W.W., 2000. The intertwined relationship between depression and marital distress: elements of marital therapy conducive to effective treatment outcome. *J. Marital Fam. Ther.* 26, 51–63. <https://doi.org/10.1111/j.1752-0606.2000.tb00276.x>.
- Kuswanto, C.N., Stafford, L., Sharp, J., Schofield, P., 2018. Psychological distress, role, and identity changes in mothers following a diagnosis of cancer: a systematic review. *Psycho Oncol.* 27 (12), 2700–2708. <https://doi.org/10.1002/pon.4904>.
- Langer, S.L., Yi, J.C., Syrjala, K.L., Schoemans, H., Mukherjee, A., Lee, S.J., 2022. Prevalence of and factors associated with marital distress among hematopoietic cell transplantation survivors: results from a large cross-sectional study. *Transplantation and Cellular Therapy* 28, 333.e1–333.e7. <https://doi.org/10.1016/j.jtct.2022.03.008>.
- Ljungman, L., Ahlgren, J., Petersson, L., Flynn, K.E., Weinfurt, K., Gorman, J.R., Wettergren, L., Lampic, C., 2018. Sexual dysfunction and reproductive concerns in young women with breast cancer: type, prevalence, and predictors of problems. *Psycho Oncol.* 27, 2770–2777. <https://doi.org/10.1002/pon.4886>.
- Ljungman, L., Eriksson, L.E., Flynn, K.E., Gorman, J.R., Ståhl, O., Weinfurt, K., Wiklander, M., Lampic, C., Wettergren, L., 2019. Sexual dysfunction and reproductive concerns in young men diagnosed with testicular cancer: an observational study. *J. Sex. Med.* 16, 1049–1059. <https://doi.org/10.1016/j.jsxm.2019.05.005>.
- Manne, S., Badr, H., Kashy, D.A., 2012. A longitudinal analysis of intimacy processes and psychological distress among couples coping with head and neck or lung cancers. *J. Behav. Med.* 35, 334–346. <https://doi.org/10.1007/s10865-011-9349-1>.
- Manne, S.L., Ostroff, J.S., Norton, T.R., Fox, K., Goldstein, L., Grana, G., 2006. Cancer-related relationship communication in couples coping with early stage breast cancer. *Psycho Oncol.* 15, 234–247. <https://doi.org/10.1002/pon.941>.
- Möllerberg, M.-L., Sandgren, A., Lithman, T., Noreen, D., Olsson, H., Sjövall, K., 2016. The effects of a cancer diagnosis on the health of a patient's partner: a population-based registry study of cancer in Sweden. *Eur. J. Cancer Care* 25, 744–752. <https://doi.org/10.1111/ecc.12487>.
- Nik Jaafar, N.R., Selamat Din, S.H., Mohamed Saini, S., Ahmad, S.N.A., Midin, M., Sidi, H., Silim, U.A., Baharudin, A., 2014. Clinical depression while caring for loved ones with breast cancer. *Compr. Psychiatr.* 55, S52–S59. <https://doi.org/10.1016/j.comppsy.2013.03.003>.
- O'Brien, B.C., Harris, I.B., Beckman, T.J., Reed, D.A., Cook, D.A., 2014. Standards for reporting qualitative research: a synthesis of recommendations. *Acad. Med.* 89 (9), 1245–1251. <https://doi.org/10.1097/ACM.0000000000000388>.
- Park, E.M., Deal, A.M., Check, D.K., Hanson, L.C., Reeder-Hayes, K.E., Mayer, D.K., Yopp, J.M., Song, M.-K., Muriel, A.C., Rosenstein, D.L., 2016. Parenting concerns, quality of life, and psychological distress in patients with advanced cancer: parents with advanced cancer. *Psycho Oncol.* 25, 942–948. <https://doi.org/10.1002/pon.3935>.
- Porter, L.S., Keefe, F.J., Hurwitz, H., Faber, M., 2005. Disclosure between patients with gastrointestinal cancer and their spouses. *Psycho Oncol.* 14, 1030–1042. <https://doi.org/10.1002/pon.915>.
- Regan, T.W., Lambert, S.D., Girsigs, A., Kelly, B., Kayser, K., Turner, J., 2012. Do couple-based interventions make a difference for couples affected by cancer?: a systematic review. *BMC Cancer* 12, 279. <https://doi.org/10.1186/1471-2407-12-279>.
- Romare Strandh, M., Enebrink, P., Ståhlberg, K., Sörensdotter, R., Ljungman, L., Wikman, A., 2024. Parenting under pressure: a cross-sectional questionnaire study of psychological distress, parenting concerns, self-efficacy, and emotion regulation in parents with cancer. *Acta Oncol.* 20 (63), 468–476. <https://doi.org/10.2340/1651-226X.2024.40404>.
- Seiple, C.J., McCance, T., 2010. Parents' experience of cancer who have young children: a literature review. *Cancer Nurs.* 33, 110–118. <https://doi.org/10.1097/NCC.0b013e3181c024bb>.
- Sousa Rodrigues Guedes, T., Barbosa Otoni Gonçalves Guedes, M., De Castro Santana, R., Costa Da Silva, J.F., Almeida Gomes Dantas, A., Ochandorena-Acha, M., Terradas-Monllor, M., Jerez-Roig, J., Bezerra De Souza, D.L., 2022. Sexual dysfunction in women with cancer: a systematic review of longitudinal studies. *Int J Environ Res Public Health* 19, 11921. <https://doi.org/10.3390/ijerph191911921>.
- Ștefănuț, A.M., Vintilă, M., Tudorel, O.I., 2021. The relationship of dyadic coping with emotional functioning and quality of the relationship in couples facing cancer—a meta-analysis. *Front. Psychol.* 11, 594015. <https://doi.org/10.3389/fpsyg.2020.594015>.
- Traa, M.J., De Vries, J., Bodenmann, G., Den Ouden, B.L., 2015. Dyadic coping and relationship functioning in couples coping with cancer: a systematic review. *Br. J. Health Psychol.* 20, 85–114. <https://doi.org/10.1111/bjhp.12094>.
- Valente, M., Chirico, I., Ottoboni, G., Chattat, R., 2021. Relationship dynamics among couples dealing with breast cancer: a systematic review. *Int J Environ Res Public Health* 18, 7288. <https://doi.org/10.3390/ijerph18147288>.
- Wettergren, L., Eriksson, L.E., Bergström, C., Hedman, C., Ahlgren, J., Smedby, K.E., Hellman, K., Henriksson, R., Lampic, C., 2022. Prevalence and risk factors for sexual dysfunction in young women following a cancer diagnosis – a population-based study. *Acta Oncol.* 61, 1165–1172. <https://doi.org/10.1080/0284186X.2022.2112283>.