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AGE AND MARITAL SATISFACTION
IN COUPLES WITH CANCER

by

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A Thesis Submitted in Partial Fulfillment
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(Youth, Adult, and Family Services)

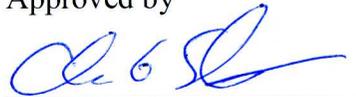
The College of Consumer and Family Sciences

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Age and Marital Satisfaction in Couples with Cancer

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Abstract

This study was a secondary analysis of seventy-seven couples dealing with breast cancer and examined the relationship between age and marital satisfaction. The couples' marital satisfaction was measured using the Satisfaction and Cohesion Subscales of the Revised Dyadic Adjustment Scale. In analyzing age and marital satisfaction, husbands and wives were evaluated individually, using their age at the time of their entrance into the study. A correlation analysis was used to determine any significance between age and marital satisfaction. Then, a multiple regression with age stratified into high and low was used with an interaction term of age X perceived criticism to find out if perceived criticism was a moderating variable. Findings from this study did not support the hypothesis that there was a significant correlation between age and marital satisfaction alone, and that older individuals would experience higher marital satisfaction. Findings did, however, support the hypothesis that perceived criticism significantly influenced the relationship between age and marital satisfaction.

In the past, cancer was not something that families and couples discussed openly. Now, however, "...cancer has come out of the closet" (Kenen, Ardern-Jones, & Eeles, 2004, p. 336). This recent societal shift to an openly expressive environment for cancer patients means that effective therapy can be explored more easily. The number of new cancer cases for 2007 was 1,444,920 cases (Jemal, et al., 2007), which indicates the high need for well-trained therapists to assist in the coping process for individuals diagnosed with cancer. Not only does cancer affect these individuals, it also affects their marriages. It is important to study the impact of the illness on the marital relationship because "...satisfying marriages tend to buffer spouses from psychological distress" (Bookwala & Jacobs, 2004, p. 330). Current research has shown that people of all ages die of cancer each year, not just older individuals; cancer was the second leading cause of death in the United States in 2004 for females between the ages of 20 and 39, and the fifth leading cause for males within the same age range (Jemal et al. 2007).

For individuals of all ages, chronic illnesses are associated with depressive emotions. Satisfying marital relationships are one important defense against depressive symptoms (Bookwala & Jacobs, 2004). Because younger and older individuals cope with chronic illnesses in dissimilar ways (Diehl, Coyle, & Labouvie-Vief, 1996), cancer will affect their relationships differently. Younger individuals tend to experience more depression and worse depression than older individuals (Schnittker, 2005). Diehl, Coyle, and Labouvie-Vief (1996) found that older individuals cope more effectively than younger individuals do by having greater impulse control and by "...positively appraising conflict situations" (p. 127). Younger individuals were found to use outwardly aggressive coping strategies. The study provided support for the growth and maturity hypothesis, which states that "...adults become increasingly more effective and flexible in their use of coping mechanisms..." (p. 132). It is possible that this ability to cope affects the

quality of a relationship; individuals who can cope more effectively are less likely to put stress into their relationship because they are dealing well with their condition. In a 2000 study, Whisman also found that marital satisfaction was impacted by depression severity; the marriages that were more satisfactory were those associated with less depression (Whisman, 2000).

A study by Teachman (2006) found that there is a relationship between age and depression symptoms as well. According to the best-fit line in Teachman's information, between the ages of approximately twenty and forty, there was an increase in negative affect. Then, between the ages of approximately forty and eighty, there was a decrease in negative affect that increased again for people over the age of eighty (Teachman). This curvilinear relationship gives an interesting perspective to this secondary analysis – there seems to be an ideal 'young-old' age group for managing depression. Although depression is not specifically being examined in this secondary analysis, it is important to understand its relationship to marital satisfaction and age because it is an important variable associated with chronic illness.

Some research provides support that younger adults show better relationship satisfaction. According to Baltes' theory of the incomplete architecture of human ontogeny, "...biological evolution affords greater structure for the earlier part of the lifespan..." (Teachman, 2006, p. 205). This disproportionate amount of structure gives younger individuals more resources to utilize when faced with challenges. Also, younger individuals show more posttraumatic growth through their time with cancer (Manne, et.al., 2004). This growth may positively influence relationship satisfaction.

Finally, an important aspect of a satisfying relationship is quality communication between partners. Specifically, previous research has shown that communication is an important element for cancer survivors' psychological well-being, regardless of age. Survivors who have

less avoidance and perceived criticism in their relationships have better mental health, which in turn may relate to greater relationship satisfaction (Mallinger, Griggs, & Shields, 2006). In a study by Manne, Alfieri, Taylor and Dougherty, findings showed that marital satisfaction and perceived negative actions by the spouse of a patient were closely related; patients with satisfying marriages were less likely to be affected by spousal negative actions and distress (1999). This is another important aspect that may relate to marital satisfaction and differ by the age of the couple.

It was difficult to find previous research that specifically compared age and marital satisfaction for couples in which one partner has cancer. Most of the current research focused on either healthy couples and their marital satisfaction or the coping strategies and relationship dynamic of couples affected by chronic illness (Kuijer et. al., 2001). Other studies reviewed the impact of age on coping strategies (Teachman, 2006; Diehl et al., 1996). This secondary analysis was innovative in that examined age and marital satisfaction in relation to a couple that is affected by a chronic illness. It also explored the role of criticism and avoidance in family interaction as a moderating variable in the relationship between marital satisfaction and age in an effort to better understand the factors that influence marital satisfaction.

After examining the results of the study, I expected to find that the partners in older couples reported significantly higher marital satisfaction than the partners in younger couples. I also hypothesized that perceived criticism in family interaction will serve as a moderating variable in the relationship between age and marital satisfaction.

Methods

This study was a secondary analysis of data collected concerning couples in which one partner has cancer. The research examined patients with breast cancer and the relationship they

had with their spouse. The sample consisted of seventy-seven couples. The women averaged 54.4 years of age ($SD=9.9$) and the men averaged 57.1 years of age ($SD=11.2$). Table 1 shows further demographics information about the participants. All women were in treatment or who attended follow-up appointments were eligible for the study. Table 2 describes more characteristics of disease information for the women.

One hundred and fifty surveys were distributed to obtain the final sample of seventy-seven couples. Ninety-one surveys were received from women (61%) and eighty surveys were received from men (53%) for a total of seventy-seven matched couple surveys.

Table 1.

Sample Demographics

	Wife Mean	<i>SD</i>	Husband Mean	<i>SD</i>
Age	54.4	9.9	57.1	11.2
Years of Education	15.5	2.3	15.4	2.5
Professional Work	40%		70%	
Retired	20%		30%	
Homemaker	20%			

Relationship satisfaction was measured using the Satisfaction and Cohesion Subscales of the Revised Dyadic Adjustment Scale (RDAS-SAT/COH) (Busby et. al, 1995). The full RDAS contained fourteen items. The scale contained four sections, each with Likert item response options. The first section asked about the extent of agreement and disagreement between partners in six categories. The second asked how often certain situations occurred for the couple with four questions. The third section asked one question about how often couples engaged in outside interests together. Finally, the fourth section asked three questions on how often certain events

occurred between the partners (Busby, Crane, Larson, & Christensen, 1995). Two 4-item subscales were used in the preliminary study to keep the survey as short as possible.

Table 2.

Disease Characteristics

Variable	% Mean/SD
Mastectomy	58%
Lumpectomy	57% ¹
Radiation	75%
Chemotherapy	90%
Months since Dx	58.1 (53.7)

Note: Percentages do not add up to 100%; women may have started with a lumpectomy, then had mastectomy. They may have had lumpectomy on one breast and mastectomy on the other

To study coping, the Family Emotional Involvement and Criticism Scale II (FEICS II) was used. FEICS II consisted of two subscales: Perceived Criticism (PC) and Avoidance (AVO). Perceived Criticism consisted of 6 items and has a Cronbach's alpha of 0.71 and Avoidance consisted of 7 items and has a Cronbach's alpha of .86. This secondary analysis focused primarily on perceived criticism.

In this current study, I ran a correlation analysis to examine the relationship between age and marital satisfaction. Separate models were run for the patient and the spouse. Then age was stratified into high and low, using the mean age for the husband and the mean age for the wife as the separating age. After, I added an interaction term of age X perceived criticism to the analysis for moderation.

Results

Inconsistent with my hypothesis, there was no significant correlation between age and marital satisfaction for either the husband or wife in the couple. Table 3 shows the results of the correlations. It is interesting to note that the husbands' reports of perceived criticism were correlated to the wives' marital satisfactions, but the wives' reports of perceived criticism were not correlated to the husbands' marital satisfaction.

Table 3.

Correlations

Measure	Husband marital satisfaction	Wife perceived criticism	Husband perceived criticism	Wife age	Husband age
Wife marital satisfaction	0.61**	-0.30*	-0.39**	0.09	0.02
Husband marital satisfaction		-0.01	-0.34*	0.13	0.09
Wife perceived criticism			0.08	0.24	0.24
Husband perceived criticism				0.03	-0.02

Note. * $p < .01$, ** $p < .001$

The multiple regression analyses in Tables 4 and 5 show that age and perceived criticism can both act as moderating variables that affect marital satisfaction. This result supported the hypothesis that perceived criticism is a moderating variable between age and marital satisfaction. It is important to point out that perceived criticism only served as a moderating variable for

husbands' marital satisfaction reports, not the wives'. Alternatively, age was the moderating variable between perceived criticism and wives' reports of marital satisfaction.

Table 4.

Regression Analysis: Wife marital satisfaction

Variable	β	Standard Error	t value
Wife age	-0.09	0.10	-0.90
Wife perceived criticism	-0.46	0.17	-2.77*
Husband perceived criticism	-0.64	0.15	-4.29**
Husband perceived criticism x Wife age	0.37	0.15	2.41*

$R^2 = 0.36$

Note. * $p < .05$, ** $p < .001$

Table 5.

Regression Analysis: Husband marital satisfaction

Variable	β	Standard Error	t value
Wife age	0.18	0.14	1.27
Husband age	-0.22	0.14	-1.58
Husband high perceived criticism	-15.05	6.01	-2.50*
Husband age x Husband high perceived criticism	0.23	0.10	2.19*

$R^2 = 0.12$

Note. * $p < .05$, ** $p < .001$

Discussion

Conclusion

According to the results in this study, there is no significant relationship between age and marital satisfaction in couples in which one partner has cancer. This outcome aligns with the mixed results from previous studies; on the one hand, younger individuals may have better structure to deal with chronic illness, which may increase their marital satisfaction (Teachman, 2006). On the other hand, older individuals may have better coping mechanisms to deal with the cancer, which may increase their marital satisfaction (Diehl, et al., 1996). There was a relationship found between age, perceived criticism, and marital satisfaction.

Figure 1 demonstrates the relationship that was found between the wives' marital satisfaction, the wives' ages, and the husbands' perceived criticism. This figure shows that age serves as a moderating variable between perceived criticism and marital satisfaction for wives. The figure reveals that an older age positively counteracts higher perceived criticism. At lower perceived criticism, age has less of an impact, but it is apparent that the higher the perceived criticism, the more impact there is for younger individuals.

Figure 1.

Wife Satisfaction by Perceived Criticism and Age

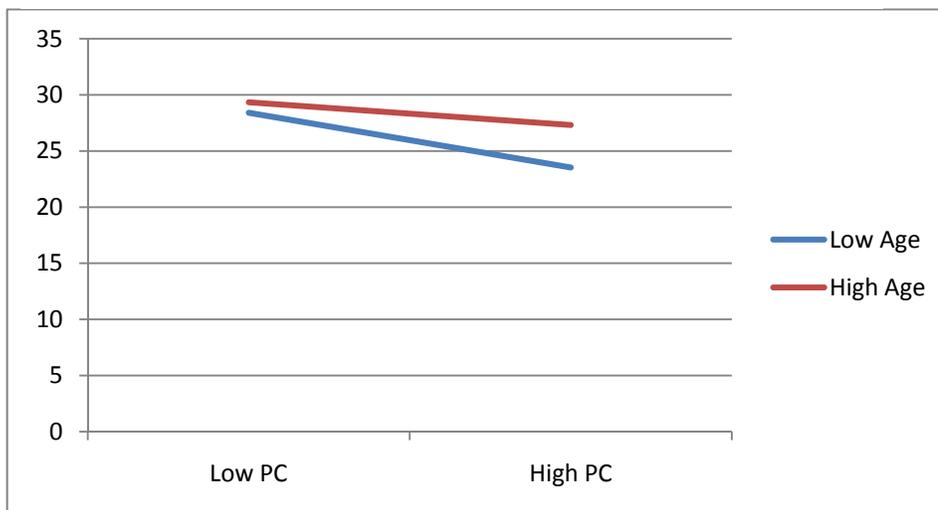
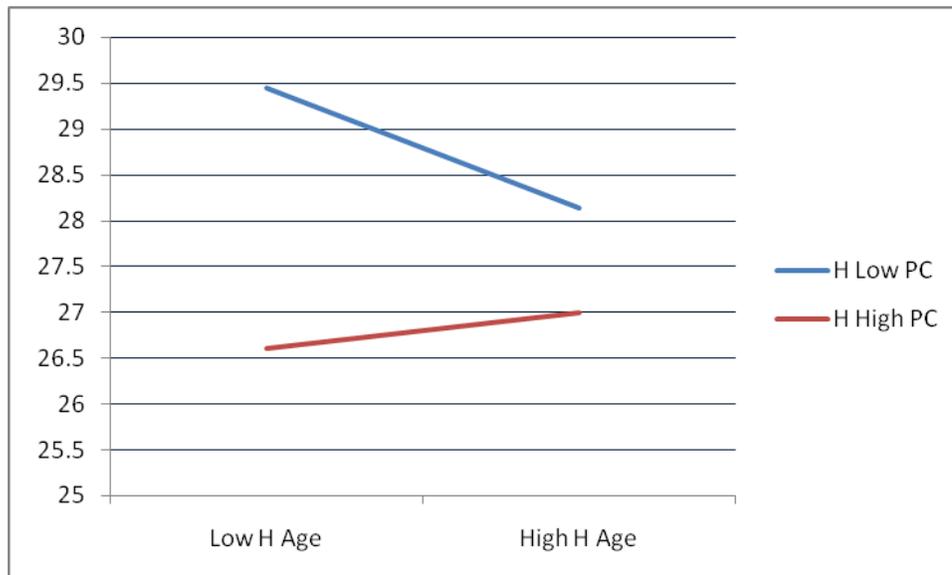


Figure 2 reveals the relationship between the husbands' ages, perceived criticism, and marital satisfaction. These findings were consistent with previous studies that found a relationship between negative actions and marital satisfaction (Manne, et al., 1999). These results specifically show that at a low age, perceived criticism was related to marital satisfaction. As age increases, this effect lessened dramatically. This figure, along with figure 1, illustrate the interesting relationship between age, perceived criticism, and marital satisfaction. It seems that in general in this data set, perceived criticism has less of an influence on older partners.

Figure 2.

Husband Satisfaction by Age and Perceived Criticism



Implications

Marital satisfaction is a complex variable to assess, but important to understand for treatment of couples with cancer because of its influence on each partner (Bookwala & Jacobs, 2004). This study highlights the important interaction between the age of the couples, the perceived criticism of the husband and the wife in the partnership and the two partners' marital

satisfaction. By understanding that perceived criticism has a greater impact on younger individuals, health professionals and therapists can more effectively help their patients dealing with cancer. Specifically, healthcare professionals may target younger couples for intervention and enrichment strategies so that they can maintain their marital satisfaction while dealing with the cancer.

Limitations

There were several limitations on this secondary analysis. First, the original data set includes only couples in which the wife has cancer. If the couples were more evenly spread to include husbands who also have cancer, results may have turned out differently. Also, the data wasn't collected specifically for the purpose of comparing age to marital satisfaction, including perceived criticism. There were many other variables included in the original study that may have impacted the results of this analysis, specifically the stage of cancer for the woman in the couple and the severity of the cancer diagnosis. Lastly, because there are so many factors that influence marital satisfaction, it was hard to compare it to a static variable such as age.

Future Research

This study expanded upon the original study completed by Dr. Shields in a new way. The original data set may be even further explored through correlations and regression analyses on different variables that may be associated with marital satisfaction. Future research on this topic in general can help build an even better understanding the complex associations between age, marital satisfaction, and perceived criticism in couples with cancer. Studies completed with a larger sample size and non-gender-specific cancers would give more in-depth results as to the

influence gender may have played on the results of this study. They may also highlight different moderating variables other than perceived criticism.

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