Correlates of Change in Marital Relationships Under Stress: The Case of Childhood Cancer

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ABSTRACT

This study focuses on the factors associated with positive and negative change in the marital relationship among parents of children with cancer. Data were gathered from both parents in 35 couples whose children had been treated for cancer. Measures included perception of the situation and personal, system, and community resources. Change in the marital relationship was primarily associated with mothers’ social support and fathers’ sense of coherence, as well as with duration of the illness. Additionally, change was associated with psychological distress of the fathers, but not of the mothers. Whereas women’s psychological distress is buffered by social support, men achieve their primary support within the marriage and therefore experience less distress when the marital relationship is stronger.

There is growing evidence that stress may have a differential effect on marital relationships. Whereas some relationships are adversely affected by stressful circumstances, others appear to be relatively unchanged or may even be strengthened by the experience. This mixed pattern of stress outcomes is perhaps most pronounced in families in which a child is seriously ill. Despite the consistent research findings that a child’s life-threatening or chronic illness creates enormous emotional distress for the parents as individuals, a sizable proportion of parents have been found to experience an increased marital cohesion. Research on the marital experiences of parents of childhood cancer patients may thus help social work professionals to better understand the factors that contribute to marital disruption and marital resiliency under stress.

A relatively large body of literature has now been accumulated on parents’ psychological distress, emotional reactions, coping strategies, and adjustment following the diagnosis of childhood cancer (see Grootenhuis & Last, 1997a, for a review). The research on parental stress and coping, however, has tended to focus primarily on the responses of individuals. Less attention has been given to the effect of the child’s illness on the parents’ marital relationship (Gaither, Bingen, & Hopkins, 2000).

The research that has been conducted on the effect of childhood cancer on the parents’ marriage has yielded conflicting and mixed results. Whereas some studies emphasized the adverse effects of the illness on the marital and family relationships (Kaplan, Grobstein, & Smith, 1976), others found that the divorce rate among these parents is no higher than that of the general population (Koocher & O’Malley, 1981; Lansky, Cairns, Hassanen, Wehr, & Lowman, 1978) and that their level of marital adjustment or distress does not differ from that of control groups (Larson, Wittrock, & Sandgren, 1994; Leventhal-Belfer, Bakker, & Russo, 1993). Yet other studies have documented both negative and positive

These latter studies suggest that unlike its effect on parental emotional distress, the enormous stress of having a child with cancer may have either a positive or a negative effect on the marital relationship. However, little is known about the factors that contribute to change in the parents’ marital quality: What makes some relationships stronger whereas other relationships deteriorate as couples struggle with their child’s life-threatening illness?

The present study aims to advance the understanding of parents’ marital relationship under stress by testing theoretically derived hypotheses concerning factors that may contribute to positive (strengthening) and negative (deteriorating) changes in the marital relationship.

Marriages Under Stress: A Theoretical Framework

Research on the emotional responses of parents of children with cancer has been guided, implicitly or explicitly, by psychological stress theory (Lazarus & Folkman, 1984), which places an emphasis on appraisal and coping strategies. In contrast, research on the parents’ marital relationship has remained largely atheoretical.

Family stress theory (Boss, 1987, 1988; Hill, 1958; H. McCubbin & Patterson, 1983; Patterson, 1988), which also has bearing on how families cope with childhood cancer, posits that a crisis in the family’s social system is dependent on the event and its hardships, the resources available to the family, and the perception of the situation. Early theorizing and research efforts focused on the factors that account for disorganization and disruption in the family social system following the occurrence of a stressor event (Hill’s, 1958, ABCX model). Later theoretical developments (Double ABCX and Family Adjustment and Adaptation Response (FAAR) models) went further toward explaining adjustment to the demands posed by the stressor through resistance resources and coping efforts, or—if crisis ensued—the postcrisis adaptation (H. McCubbin & Patterson, 1983). Similarly, the family resilience framework (M. McCubbin & McCubbin, 1993; Walsh, 1998, 2002, 2003) has focused on internal family resources and on community networks that enable families to surmount crises and master life challenges.

Both the family crisis adaptation model and the family resilience approach share the view that the outcome of the family response to stressful circumstances can be explained by three factors: (a) the stressful event, its hardships, and other concurrent sources of stress; (b) the resources available to the family for meeting the demands, including those of individual family members, the family system, and the community; and (c) the perception, appraisal, and meaning of the event and of the overall stressful circumstances. It should be noted that although the theory does not address itself to the effect of stressful situations on the marital unit, it is believed to be useful for explaining change in marital relationships under stress (Karney & Bradbury, 1995).

The present research focuses on changes in the parents’ marital quality as a function of their perception and appraisal of the situation, as well as their coping resources. Additionally, in line with the family resilience approach, we assess factors that may contribute to increased marital satisfaction in the face of adversity.

Perception and Appraisal

Perception and meaning of the stressor event and of the stressful situation have received a great deal of attention in both psychological (Lazarus & Folkman, 1984) and family (Boss, 1992; Hill, 1958; Patterson, 1988; Patterson & Garwick, 1994) stress theories. Changing belief systems, making meaning of adversity, and maintaining a positive outlook have also been identified as key processes in family resilience (Walsh, 2002). Family stress theory has focused on the perception of the stressful situation as a whole, including the event, its hardships and demands, and the family’s capabilities for meeting those demands. In childhood cancer research, changes in family appraisal have been found to characterize resilient families (M. McCubbin, Balling, Possin, Friedrich, & Byrne, 2002). Parental adjustment was shown to be positively associated with hope (Koocher & O’Malley, 1981) and negatively associated with negative expectations (Groenenhuis & Last, 1997b). In the present study, the effects of two perception variables are examined: the perception of the event itself (i.e., the degree to which the illness is perceived as a threat to the child’s life) and the perception of one’s control over the situation. I hypothesized that a lesser perception of threat and a greater sense of control would have a positive influence on the marriage.

Coping Resources

Although coping strategies have received a great deal of attention in childhood cancer research (Goldbeck, 2001; Groenenhuis & Last, 1997a), the role of resources for coping has been relatively overlooked. The word resources refers to the characteristics, traits, competencies, or means that are potentially available to the family for meeting the demands of a given situation (Patterson, 1988). In the present study, three types of resources were assessed at various systemic levels: sense of coherence as an individual-level resource, the perceived helpfulness of the medical staff as a community resource, and social support at both the family system and the community levels.

The concept of a sense of coherence (Antonovsky, 1979, 1987, 1994) has emerged as an important construct in health research. According to Antonovsky, the ability to adequately cope with stress derives from a set of attitudes that constitutes the sense of coherence. More specifically, he refers to a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling...
of confidence that one’s internal and external environments are predictable and that there is a high probability that things will work out as can reasonably be expected. (Antonovsky, 1979, p. 123)

Social support is the resource that has received most attention in the stress literature. It is most often viewed as one of the primary buffers or mediators between stress and health outcomes (Patterson, 1988), as well as between stress and family crisis. It has also been identified as a major resource for parents of children with cancer (Fife, Norton, & Groom, 1987; Hoeckstra-Weebers, Jaspers, Kamps, & Klip, 2001; Kapst et al., 1984; Magni, Carli, De Leo, Tshilolo, & Zanesco, 1986; Mamme, DuHamel, & Redd, 2000; Overholser & Fritz, 1990; Speechley & Noh, 1992).

Given the importance of the relationship with the medical staff in the experience of hospitalized children’s parents (Barbarin & Chesler, 1986; M. McCubbin et al., 2002), the perceived helpfulness of and trust in the medical staff was conceptualized as a form of resource in the present study. It was hypothesized that the parents’ perception of the medical staff as taking good care of their child would be negatively related to their emotional distress and to deterioration in their marital relationship.

Finally, the marital relationship is in itself an important systemic resource. Fife et al. (1987) maintained that families with predominantly stable relationships and adequate support within the family unit are able to maintain their quality of life over an extended period of time despite the onset of acute stress. In contrast, families with preexisting problems prior to the diagnosis of illness are found to experience increased deterioration in family life and greater difficulty in coping. It can therefore be assumed that a strong marital relationship prior to the child’s illness would be a consequential factor in the parents’ relationship following such an ordeal. Thus, a measure of retrospective evaluation of marital quality prior to the child’s diagnosis was included in the present assessment of emotional distress and change in the marital relationship.

Method

Participants

This report is based on data from 35 Israeli couples whose child was in active treatment for cancer. Recruitment for the study was undertaken via a letter sent to parents throughout the country who had participated in a family retreat organized by the Israeli Cancer Society. The criteria for inclusion in the study were that the parents had to be living together and jointly raising their children and to have a child who was 18 years old or less when first diagnosed with cancer. Additionally, both parents had to be willing to participate in the study.

Of the 35 couples that participated in the study, 33 were in their first marriage and two were remarried, with length of marriage ranging between 5 and 28 years ($M = 5.9, SD = 6.6$). The majority of couples (71.4%) had 3 or more children. Both fathers and mothers had an average of 14.5 years of education. More than 94% of the fathers and 37% of the mothers were employed full-time, and an additional 29% of the mothers and 3% of the fathers were employed part-time. Their children with cancer included 19 girls and 16 boys, with ages ranging from 2 to 16 years ($M = 8.6, SD = 5.1$) and length of time since diagnosis ranging from 1 to 7 years ($M = 3.5, SD = 2.2$). The medical diagnoses included, in nearly equal distribution, leukemia, brain tumor, and soft tissue or bone sarcomas.

Measures

Emotional distress was measured by an adapted version of the Depression Adjective Checklist (DACL; Lubin, 1965). The measure is composed of a list of 17 adjectives, some of which represent feelings of psychological well-being (e.g., healthy, strong, confident) and others that express psychological distress (e.g., miserable, hopeless, exhausted). Respondents are asked to check the words that best describe their feelings in the past week. Scoring is done by counting the negative words checked and the positive words not checked, so that the total score may range from 0 (least distressed) to 17 (most distressed). The validity of the measure was established by a negative association ($r = -.32$) between the DACL and measures of well-being, as well as a positive association with other depression tests and clinical diagnoses of depression (Levitt & Lubin, 1975). The internal consistency reliability (Cronbach’s alpha) of this scale was estimated at .77 in the present sample.

Marital quality and change in marital quality were measured by two questionnaires based on Enriching Relationship Issues, Communication and Happiness (ENRICH) (Fowers & Olson, 1992; Olson, Fournier, & Druckman, 1982). This is a 10-item Likert-type scale assessing the respondent’s perceived quality of his/her marriage across 10 dimensions of the relationship: spouse’s personal traits, communication, conflict resolution, financial management, leisure activities, sexuality, parenting, relationship with the extended family, division of household labor, and trust. The dimension of religious practices, which was included in the original instrument, was found invalid in the Israeli population (Lavee, 1995) and was replaced by the dimension of interpersonal trust. Fowers and Olson (1992) reported good reliability estimates of the short ENRICH scale, as well as high concurrent and predictive validity. Similar estimates were found in the Hebrew version (Lavee, 1995). In the present sample, the internal consistency reliability (Cronbach’s alpha) of this scale was .84.

For the purpose of this study, respondents were first asked to respond to the questionnaire retrospectively, that is, in terms of their marital relationship prior to the child’s illness. Changes in the marital relationship were then assessed by asking the respondents to rate each of the 10 relationship dimensions according to whether it had improved (+1), deteriorated (-1), or remained the same (0) since the child
was diagnosed with cancer. A total marital quality change score was computed as a mean score across the 10 dimensions, thus providing a range between +1 and −1. The internal consistency reliability (Cronbach's alpha) of this measure was .79.

Sense of coherence was measured by the Sense of Coherence Scale, developed by Antonovsky (1987). The original instrument is composed of 29 items rated on a 7-point scale, ranging from opposite extremes at each end. The respondent is asked to select the number that best represents his or her perception/experience (e.g., "Until now your life has had (1) no clear goal or purpose at all — (7) very clear goals and purpose"). Antonovsky (1987) also provided a shorter, 13-item scale, which was used in the present study. The validity of this measure has been demonstrated in a number of studies (see Antonovsky, 1987, 1994) showing an association between the sense of coherence and stress and health. The total sense of coherence score is a mean of the item scores, ranging between 7 (high sense of coherence) and 1 (low sense of coherence). In the present study, the internal consistency reliability (Cronbach's alpha) of this scale was estimated at .82.

Social support was assessed by the Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988). This is a 12-item self-report measure in which respondents are asked to rate on a 7-point scale the support available to them from three sources: family members, friends, and significant others. The total score is an additive measure of support from all sources (ranging from 12 to 84). The instrument has shown good internal consistency (.88) and test–retest reliability (.85). In the present study, the Cronbach's alpha reliability was estimated at .92.

Trust in the medical staff was measured by a scale assessing the degree to which respondents felt confident that the medical staff was doing everything possible to assist their child. It is composed of a list of activities, commonly performed by the medical staff, over which the patient and the family have little control. For each item, the respondents were asked to rate on a 5-point Likert-type scale the degree to which they believed that the activity was being done as well as possible by the medical staff. A factor analysis has shown that all items are loaded on a single factor. Therefore, a total score is computed by averaging the item scores, with high scores representing a high level of trust in the medical staff. The internal consistency reliability of the measure (Cronbach’s alpha) was estimated at .87.

Perception of the situation was measured by a set of open-ended questions and structured (Likert-type) items developed by the researchers to assess personal distress and family atmosphere related to the child's illness. In the present study, two single-item, Likert-type measures were used to assess perception of the situation. Worry was measured by asking, "How worried are you about your child's illness?"; response categories ranged from 1 (not at all worried) to 5 (extremely worried). Sense of control was assessed by asking, "To what degree do you have control over what's happening to you?"; response categories ranged from 1 (no control whatsoever) to 5 (high level of control).

In addition, I employed a transformed measure of illness duration as a quadratic function of years since diagnosis. This is based on previous analysis of the data (Lavee & MeyDan, 2003) indicating that marital quality changed across years of illness in a curvilinear manner. Following little change in the first year, an increase in marital quality was found among parents whose children had been ill for 2 or 3 years, and a decrease in marital quality was found when children had been ill for 4 or more years.

**Procedure**

Data collection was conducted in the respondents' homes. Both spouses completed the questionnaire separately and at the same time, with the researcher present to answer any questions from the respondents. In addition, data were collected in a meeting with both parents regarding the child's illness history, the child's functioning, and the family's management of the illness.

**Results**

In the first step, similarities and differences between the parents were analyzed in regard to their coping resources (i.e., sense of coherence, social support, and trust in the medical staff) and perceptions of the situation (i.e., worry and sense of control), as well as in regard to their level of psychological distress. The means and standard deviations of the mothers' and fathers' scores are presented in Table 1, together with the analysis of parental differences and interspouse correlations.

A repeated measure multivariate analysis of variance (MANOVA) for gender differences within couples across all measures indicated an overall significant gender difference, $F(1, 33) = 10.86, p < .01$. Post hoc paired univariate analyses revealed that mothers experienced a significantly higher level of psychological distress, $t = 2.03, p < .05$, and worry for their child's life, $t = 2.36, p < .05$, than did fathers. Mothers also had stronger social support, $t = 2.75, p < .01$. Significant paired couple associations were found between parents in their sense of control, trust in the medical staff, and level of distress. On the other hand, no significant correlations were found between the spouses' sense of coherence, social support, and worrying.

In regard to change in relationship, a very high correlation was found between the spouses' perceptions ($r = .81$), with no significant difference between them. These findings suggest that marital partners tend to have a similar perception of change in their marital quality and that marital quality change may be treated as a single dyadic-level variable. Therefore, the rest of the analyses were conducted with a mean score of marital quality change.

**Predictors of Psychological Distress**

The next phase of the analysis focused on the factors that may influence the level of psychological distress of each of
the parents. An examination of the simple correlations between the study variables and fathers' and mothers' psychological distress has shown that the parents' level of psychological distress was related neither to background variables (i.e., age, gender, and illness duration of the child; the parents' marital duration and number of children) nor to the parents' perceived marital quality.

To further examine the factors associated with psychological distress among fathers and mothers, I conducted a hierarchical stepwise regression analysis for each gender, first with the parental resource and perception variables alone and then with the addition of the other spouse's distress level. The findings, shown in Table 2, indicate that for fathers, psychological distress was attenuated by their sense of coherence and perceived control. Additionally, their level of distress was significantly related to that of their spouse. For mothers, on the other hand, psychological distress was positively associated with their worrying and negatively related to their social support. Unlike fathers, the level of mothers' distress was not associated with that of their spouse.

**Predictors of Positive and Negative Marital Change**

In the final phase, a discriminant analysis was conducted to explore the variables that best predict a positive versus negative change in the marital relationship. Classification into positive and negative change categories was based on both spouses' scores. Couples in which both spouses had an above-median score in the marital quality change measure were included in the category of positive change (n = 15). The negative change group (n = 20) included couples in which one or both spouses' scores were below the median.

Because of the small number of participants relative to the number of variables, a hierarchical stepwise analysis was conducted in which demographic variables were first entered into the equation, followed by a stepwise discriminant analysis with perception and resource variables of the mothers and the fathers. A univariate analysis indicated that five variables significantly differentiated between couples who experienced deterioration versus those who experienced a strengthened relationship: illness duration, fathers' worry and sense of coherence, and mothers' sense of control and social support. The final model (see Table 3) did not include any of the parents' or the children's demographic variables. It did, however, include one illness-related variable (quadratic term of illness duration), one mother's resource variable (social support), and one father's resource variable (sense of coherence).

The findings shown in Table 3 indicate that relative to couples experiencing deterioration in their relationship, those reporting a positive change in their marriage had a
son or daughter who had been ill for a shorter period of time (2.6 vs. 4.2 years on the average), a wife/mother with stronger social support, and a husband/father with a higher sense of coherence. These variables together correctly classified 91.4% of the couples. The analysis indicated that of the 20 couples who experienced a decrease in marital quality, 19 (95%) were characterized by a longer period of the child’s illness, a lower sense of coherence among the husbands, and weaker social support among the wives. Of the 15 couples who experienced a strengthened relationship, 13 (86.7%) were characterized by a shorter period of the child’s illness, a higher sense of coherence among the husbands, and stronger social support among the wives.

Discussion

The effect that stress has on marital relationships is puzzling. Although a child’s illness has a marked deleterious effect on parents as individuals, being unequivocally associated with increased emotional distress, its effect on the parents’ relationship has been found to be deleterious only for some and strengthening for others. Why are marriages affected in different directions under such universally stressful circumstances?

The present study is a modest attempt at understanding the marital experiences of parents under stress. In contrast with other studies on this topic in which researchers have examined the effect of the child’s illness on parents’ marital adjustment, discord, or dissatisfaction (e.g., Corman, 1993; Dahliquist et al., 1996; Hoeckstra-Weebers, Jaspers, Kamps, & Klip, 1998; Wittrock, Larson, & Sandgren, 1994), this study focused on the perception of change (positive and negative) in the relationship and the factors associated with this change. In its focus on family strengths and the resources that enhance relationship quality in times of adversity, this study may contribute to a better understanding of family resilience (M. McCubbin & McCubbin, 1993; Walsh, 1998) and may also have implications for practice within the resiliency framework (Hawley, 2000; M. McCubbin et al., 2002; Walsh, 2002, 2003).

A few caveats are in order before discussing the findings and their implications. Most notably, the findings are based on a small sample, with parents of children who had been ill for different periods of time and with different diagnoses. Sample selection procedures, namely, the fact that the sample was not randomly selected and included only intact marriages, may have also affected the findings. Thus, although the findings may be applicable to those couples who remained intact throughout the duration of the child’s illness, there may have been other couples for whom the child’s illness resulted in marital dissolution and who were therefore not included in the study. The cross-sectional nature of this study also imposes some limitations on the interpretation of findings, especially in regard to causal relations between the parents’ level of psychological distress and their perceived change in the marital relationship. These limitations notwithstanding, however, the findings indicate a wide range of responses in both emotional distress and marital quality. Although caution must be exercised in generalizing the findings to the total population, the sample does allow one to make some useful observations with respect to correlates of emotional distress and of change in the marital relationship.

The findings indicate that a positive change in the marital relationship is associated with both the mothers’ and fathers’ resources and perceptions but that different spousal resources shape this change. In comparing couples who reported a strengthened relationship with those who experienced deterioration in the relationship, I found that relationship change could be most strongly predicted by the child’s illness duration, the father’s sense of coherence, and the mother’s social support.

In view of the fact that parents tend to share the stressful experience of having a child with a life-threatening illness (Barak & Kazak, 1999; Gaither et al., 2000; Kazak, 1997), the findings should be viewed in terms of the influence that parents have on each other and the relation between each partner’s psychological distress and the marital relationship.

The Couple As an Interacting Unit

It appears that spouses develop a shared perception of the situation and that they influence each other’s emotional responses. A significant association was found between the spouses’ perception of their control over the situation and their trust in the medical staff. There was also a significant correlation between spouses in their level of psychological distress and a strong association between their respective reports of change in the marital relationship. These findings suggest that by sharing the experience and, most likely, by continuously communicating together about the situation, the parents will reach some degree of shared perception (Boss, 1987; Patterson & Garwick, 1994). It gives further
support for the notion that parental coping is an interactive process (Barbarin et al., 1985; Dahlquist et al., 1996; Hoekstra-Weebers et al., 1998) and that understanding the experience of coping with childhood cancer would best be achieved by examining the conjoint resources, coping strategies, and responses of both parents.

At the same time, the findings also indicate that the couple is more than just a single entity: Although a common perception of the situation is shared by the couple, each spouse also brings to the relationship his or her own individual way of perceiving the world. In this study, incompatibility between parents was most clearly observed in relation to the spouses' sense of coherence. Sense of coherence is often perceived as a personal resource—a global cognitive orientation that the world is ordered, that the problem is clear, and that things will work out as can reasonably be expected. No gender difference was found in this trait, nor was there an association between the spouses' sense of coherence. This suggests that both partners bring to the relationship their own cognitive schemata, which in turn affect their responses to stress and, ultimately, the quality of the marital relationship.

**Emotional Distress and Change in the Marital Relationship**

The findings indicate that men's psychological distress is explained by that of their spouses, but not vice versa. A significant association also emerged between the fathers' level of distress and the direction and amount of change in the marital relationship, whereas only a modest relationship surfaced between the mothers' level of distress and marital quality change. The nature of the relationship between marital quality and the parents' emotional distress is intriguing. Most likely, the parents' emotional distress and marital relationship affect each other in a circular way. There is strong evidence for both the effect of marital discord on depression and the effect of a spouse's depression on the marriage (Dahlquist et al., 1996; Dehle & Weiss, 1998).

Because the present study was cross-sectional, the direction of effect cannot be discerned with any certainty. However, an examination of the correlates of both spouses' emotional distress and of the change in marital quality leads to the belief that the relation between marital quality and psychological distress is not the same for men as it is for women. More specifically, it appears that under stressful conditions the relationship is affected more by the mother's distress than by the father's and that a deteriorated relationship affects fathers more than it affects mothers. It appears that fathers receive their most significant support from their spouses, whereas mothers rely on support both from their spouses and from external sources, such as friends, family, and other parents of childhood cancer patients.

Consequently, mothers' psychological distress is buffered by social support, and the amount of support that they receive in turn affects the marital relationship. Fathers' distress, on the other hand, is associated with their spouses' distress and with the quality of the relationship. It may therefore be suggested that the relationship is affected more by the wife's depression than by the husband's and that change in the relationship—for better or for worse—affects emotional responses for men more than it does for women. This differential association between emotional distress and the marital relationship among husbands and wives, as well as the mechanism of effect suggested here, will have to await future research to be validated.

**Implications for Practice**

Having a child diagnosed with a life-threatening illness is one of the most distressing events for parents, often associated with posttraumatic stress symptoms (Best, Streisand, Catania, & Kazak, 2001; Smith, Redd, Peyser, & Vogl, 1999). Interestingly, although the event unequivocally causes enormous psychological distress on an individual level, it does not always lead to deterioration in the parents' marital relationship. On the contrary, there are couples who exhibit remarkable resiliency, with increased interpersonal cooperation and emotional closeness. There are lessons to be learned from these parents regarding family resiliency.

The findings of the present research suggest that family practitioners need to attend not only to the parents' psychological and physical responses, but to the parents' marital relationship as well. There is cumulative evidence showing that a deteriorated marital relationship is detrimental for the physical and psychological adjustment of the sick child, as well as for the child's siblings. In contrast, stable and strong relationships are associated with more helpful support that spouses provide for each other, thus enhancing the parents' emotional well-being under stressful situations. It is therefore recommended that the parents' relationship be assessed by family health practitioners and that counseling is offered when needed. The findings further suggest that support should be given to parents not only shortly after diagnosis, which is normally considered to be a point of major stress, but also—and perhaps even more so—over an extended period of time, when many of these parents may find that both their internal and external resources are depleted. Periodic "marital checkups" and consultations should thus be considered essential (Walsh, 2003).

The findings regarding correlates of change in the parents' marital unit may allow one to delineate protective and risk factors for the marital relationship among couples with a child being treated for cancer. On the basis of these findings, an assessment of parents' sense of coherence, sense of control, quality of social support, and perceived risk for the child appears to be important in predicting outcomes for the marital relationship. Furthermore, the findings suggest that the process of interaction between parents' resources, perceptions, and psychological distress and change in the marital relationship may not be the same for both parents.

Thus, in addition to assessing the couple's style of responding to major events, practitioners should also be attuned to differences between the spouses in their appraisal
of the situation, in their internal and external resources, and in their coping strategies (M. McCubbin et al., 2002). Although differences between mothers’ and fathers’ coping resources and strategies may sometimes impede spousal collaboration (Chesler & Parry, 2001), assistance for couples may build on the internal resources of one spouse (e.g., sense of coherence or sense of control and mastery) and on the external resources, such as social support, of the other spouse. For example, a father’s strong sense of coherence may be used during counseling as a lever for altering his wife’s perception of the situation, or a wife’s support networks may be used to expand her husband’s sources of support. An assessment of each parent’s resources and perceptions may thus guide practitioners in providing the kind of assistance needed to strengthen the family unit. Such interventions help to build on family strengths (Hawley, 2000; M. McCubbin et al., 2002; Walsh, 1998) while encouraging the spouses to work together as a team.

References


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