International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Repercussions of Patient's Cancer on the Caregiver's Marital Relationship and their Coping Resilience

Namra Usmani[a], Dr Neerja Pandey[b]

[a]*Student,* [b]*Assistant Professor*
[a]*Master of Arts in Counselling Psychology*
[a,b]*Amity Institute of Behavioural And Allied Sciences, Amity University Lucknow Campus, Amity University Uttar Pradesh, 226010, India*
Email ID: [a]namra.usmani4@gmail.com
DOI: https://doi.org/10.55248/gengpi.234.4.38888

A B S T R A C T

The diagnosis of cancer in a patient can have a profound impact on their caregivers, leading to significant stress, affecting their relationship, and coping resilience. The purpose of this study was to investigate the repercussion of patient's cancer on caregiver's marital relationship and their coping resilience. The study used the Relationship Assessment Scale (RAS) and Brief Resilient Coping Scale (BRCS) to assess the impact of the cancer on the caregivers. The total sample included n=20 primary caregivers of cancer patients. The inclusion criteria included married caregivers in the age range above 20 years with no severe mental illness and mandatory educational qualification of a bachelor's degree. The findings showed that cancer had no significant impact on the caregivers' marital relationship and coping resilience. However, it was found that caregivers with low coping resilience reported lesser marital satisfaction i.e., if the level of coping resilience is high it is possible that their marital relationship satisfaction will also be high. The study implications highlight the need for healthcare providers and mental health professionals to provide support to caregivers facing the diagnosis of cancer of their family member, to help them cope with their loss, deal with their emotions, and prepare for the interventions applicable accordingly.

Keywords: Caregiver, Cancer, Coping, Resilience, Marital Relationship, Psychological Distress, Quality of Life

Introduction

Cancer engulfs with it not only the patients but also their caregivers with itself (Girgis, Lambert, McElduff, 2013)(Romito, Goldzweig, Cormio, Hagedoorn, Andersen, 2013) (Palos, Mendoza, Liao, Anderson, Garcia-Gonzalez, Hahn, &Cleenland, 2011) as most part of the treatment happens in outpatient settings instead of the hospital itself (Coriat, Boudou-Rouquette, Durand, 2012) (Vallerand, Collins-Bohler, Templin, Hasenau, 2007). They play a very major role in providing care and assistance in all forms ranging from daily tasks to making decisions concerning end-of-life (EOL) care (Reiter-Theil, Mertz, Meyer-Zehnder, 2007) and Decisions to Limit Treatments (DLT) (van der Heide, Deliens, Faisst, 2003) since several patients are rendered unfit to communicate their wishes to the clinicians, due to the severe deterioration the cancer and its intense treatment brings with itself (Prendergast, Luce, 1997). These vast arrays of responsibilities are sure to raise the questions of the extent to which it could influence several facets of the caregiver's psychophysiology, interpersonal relationships, and behaviour (Sklenarova, Krümpelmann, Haun, Friederich, Huber, Thomas, Winkler, Herzog, Hartmann, 2015).

Cancer is the leading cause of death worldwide, and patients in the last stage of cancer require extensive care from their caregivers (Ferrell, Temel, Temin, Alesi, Balboni, Basch, Scavone, 2017). It is a complex and challenging issue that has far-reaching effects on the families and caregivers of those affected. Caregivers of patients in the last stage of cancer often experience psychological distress, such as depression, anxiety, and burnout (Gaugler, Given, Linder, Kataria, Tucker, Regine, 2011). The emotional stress and strain caused by the increasing number of hospitalizations of the patient can put a tremendous amount of pressure on the parent's i.e., caregiver's spousal relationship, leading to changes in dynamics and communication patterns between parents (Barbarin, Tiernan, Telfair, Stancil, 2018).

The diagnosis of a terminal illness in a child is a devastating experience for any parent (Kupst&Bingen, 2006). The impact of a child's terminal illness can be particularly devastating for parents, who are faced with the difficult task of helping their child navigate a difficult and uncertain future (Brown, Neely-Barnes, & Perrin, 2014). Such a diagnosis can have a negative impact on family functioning (Brown, Neely-Barnes, & Perrin, 2011). The psychological impact of such a diagnosis on the caregivers is a significant area of concern for healthcare providers and mental health professionals. The purpose of this study was to investigate the repercussion of cancer of a patient on the caregiver's marital relationship and their coping resilience.

1.1 Defining Terms

Cancer- World Health Organisation (2021) defines cancer as:

 "a term used for a group of diseases characterized by abnormal cells divide without control i.e., uncontrolled growth and spread of abnormal cells that can invade other tissues in the body"

Cancer affects not only the diagnosed patient physically and mentally, it also changes lives of their caregivers, friends, and family (Rodriguez, Madeleine, Dunn, Zuckerman, Vannatta, Gerhardt, Compas, 2011).

Primary Caregivers- The National Alliance for Caregiving and AARP Public Policy Institute (2015) defines the primary caregiver as:

 "The person who assumes the principal role of providing care and attention to the individual being cared for."

Coping- According to the American Psychological Association's Dictionary of Psychology (2015), coping is defined as:

"The cognitive, behavioural and emotional way in which individuals manage stressful situations or events, including efforts to change circumstances, cognitive appraisals, problem-solving, emotion regulation, and social support seeking."

Coping Strategy- According to the American Psychological Association's Dictionary of Psychology (2015), coping strategy is defined as:

 "a specific way in which individuals respond to stress, such as engaging in problem-solving or seeking social support, in order to manage the stressful situation or its effects."

Coping Style- According to the American Psychological Association's Dictionary of Psychology (2015), coping style is defined as:

"a relatively stable pattern of responding to stressful situations or events, including both cognitive and behavioural strategies."

Coping Resilience- Smith and Alloy (2009) defined coping resilience as:

"An individual's ability to adapt and cope with stressful situations."

Resilience-According to the American Psychological Association's Dictionary of Psychology (2015), resilience is defined as:

"The capacity to adapt successfully to stressful life conditions or changes in one's environment, including both the maintenance of healthy functioning and positive adjustment despite challenges or adversity."

Relationship- According to the American Psychological Association's Dictionary of Psychology (2015), relationship is defined as:

"A connection, association, or involvement between people, including but not limited to romantic, social, and professional connections."

Marital-According to Oxford Advanced Learner's Dictionary (2010) the term marital is defined as "relating tomarriage or the relationship between a married couple."

2. Method

2.1 Aim

The objective of the study is to find out the repercussions of patient's cancer on caregiver's marital relationship and their coping resilience

2.2 Objectives

This study specifically focuses on the repercussion of all stages of cancer in patients of all age groups on the marital relationship of the caregivers and their coping resilience. The research questions to be examined in the study are:

- How does a patient's cancer impact the marital relationship of their primary caregivers? Is there a significant relationship between patient's cancer and the caregiver's marital relationship?

- How does a patient's cancer impact the coping resilience of their primary caregivers? Is there a significant relationship between patient's cancer and the caregiver's coping resilience?

- Is there a possible relationship between caregiver's coping resilience and marital relationship satisfaction? What repercussion does high and low coping resilience of caregivers have on their relationships?

2.3 Hypotheses

H_{o1} - There will be a significant relationship between patient's cancer and the caregiver's marital relationship.

H₀₂ - There will be a significant relationship between patient's cancer and the caregiver's coping resilience.

H₀₃ - Cancer caregivers' coping resilience is positively correlated to their marital relationship satisfaction.

2.4 Variables

Independent Variable: Patient's Cancer

Dependent Variables:

- Caregiver's Marital Relationship Satisfaction
- Caregiver's Coping Resilience

2.5 Tools Used

- **Relationship Assessment Scale (RAS)** (Hendrick, 1988) is a seven-item Likert scale given by S. S. Hendrick in 1988. It measures general relationship satisfaction and has consistent measurement properties across samples of ethnically age-diverse and ethnically diverse couples, as well as partners seeking marital and family therapy (Hendrick, Dicke& Hendrick, 2016). The responses for each item are given using a 5-point scale ranging from 1 (low satisfaction) to 5 (high satisfaction). For internal consistency reliability, the Cronbach's alpha coefficient for RAS ranges from 0.84 to 0.94. The RAS has high correlations with the measures of marital satisfaction, it shows good test-retest reliability over a period of one month, with a correlation coefficient of 0.73, It also shows good construct validity (Hendrick, 1988).
- **Brief Resilient Coping Scale (BRCS)**(Sinclair and Wallston, 2004) is a self-report questionnaire that measures an individual's level of resilience and coping skills i.e., the ability to cope with stress and adversity. It was developed by V. G. Sinclair and K. A. Wallston in 2004. It consists of four items that assess an individual's ability to bounce back or recover quickly from stressful situations. Respondents rate their level of agreement with each item on a 5-point scale, ranging from 1 (strongly disagree) to 5 (strongly agree).The internal consistency of the scale is high, with alpha coefficient ranging from 0.75 to 0.91. It has also demonstrated good test-retest reliability and convergent validity with other measures of resilience and coping.

2.6 Research Design

The study was Ex post facto research design by nature.

2.7 Sample

- **Sampling:** The sample for this study comprised of 20 primary caregivers of cancer patients. The caregivers were subdivided into 2 groups of 10 each, i.e., 10 males and 10 females. Another subdivision was done where caregivers were divided into 4 groups of 5 each, the 4 groups being all four stages of cancer.
- **Sampling Technique:** Purposive sampling technique was used for this study.
- **Sample Size:** A total of 20 caregivers were assessed in this study.
- **Population Age**: The caregivers of the cancer patients were above 20 years of age.

2.8 Inclusion Criteria

The participants of this research study were selected if they fulfilled all the following criteria-

- Participant must be the primary caregiver of the cancer patient.
- Participant must be married.
- Participant must be a member of a nuclear family.
- Participant must have a minimum education level of a bachelor's degree.

2.9 Exclusion Criteria

The participants in this research study were not selected if they fulfilled any of the following criteria-

- If participant was unmarried, in a relationship to be married or divorced.
- If the participant was the significant other of the cancer patient.

- If the participant had a history of severe mental illness.

- If the participant was a member of a joint family.

2.10 Procedure

Firstly, the psychometric tools were selected for the research which were Relationship Assessment Scale (Hendrick, 1988) and Brief Resilient Coping Scale (Sinclair and Wallston, 2004). The data was collected and results were formulated. The results included pie chart, one-way ANOVA, Independet Sample t-test, and Pearson Correlation. Lastly, the results were interpreted forming the conclusion which included the implications of the research as well.

2.11 Data Collection

A sample of 20 caregivers of cancer patients was taken for the study. The caregivers were assessed using the Relationship Assessment Scale, which measures the quality and level of satisfaction of the marital relationship, and the Brief Resilient Coping Scale that measures the coping reliance of the respondents. The data was collected through these 2 self-report questionnaires that were pertaining to each of the 2 variables of the current study, namely Marital Relationship and Coping Resilience. The responses received were then scored according to the directions mentioned for each scale. These scores were then interpreted to be used for statistical analysis.

2.12 Data Analysis

The data was analysed using the SPSS software. The statistical analysis applied here were-

- Pie Charts

- One-way ANOVA

- Independent Sample t-Test

- Pearson's Correlation

3. Result

To calculate the results SPSS Software was used. The Pie chart representation of the results are as follows:
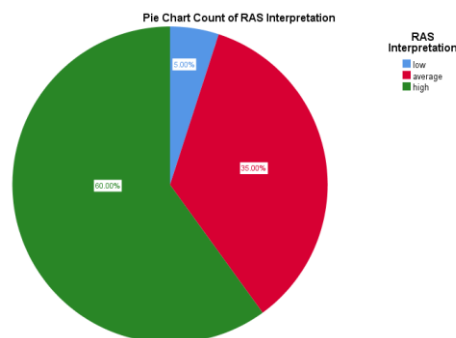

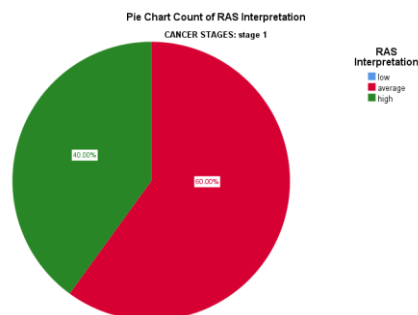**Fig. 1 - Representation of RAS scores of all 20 caregivers**

Fig. 2 - Representation of RAS scores of all caregivers of Stage 1 Cancer
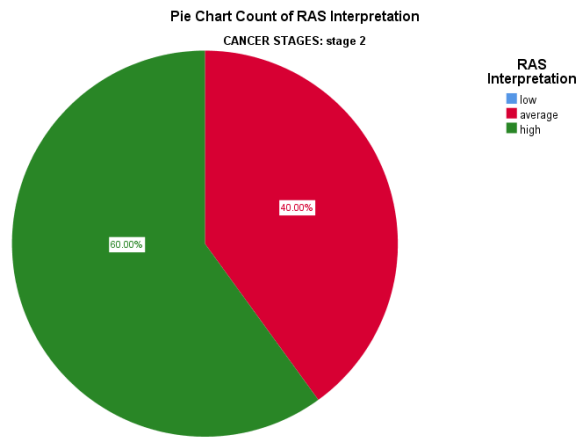
Fig. 3 - Representation of RAS scores of all caregivers of Stage 2 Cancer
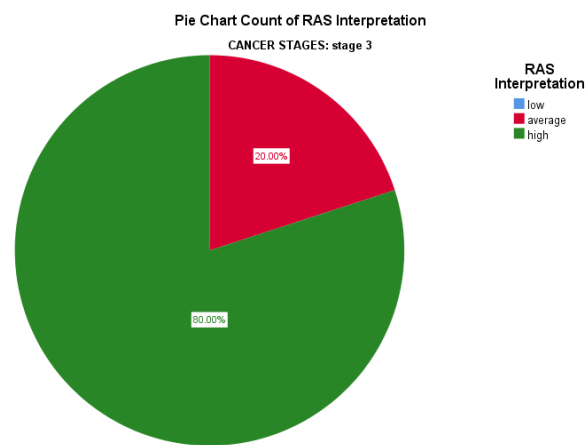
Fig. 4 - Representation of RAS scores of all caregivers of Stage 3 Cancer
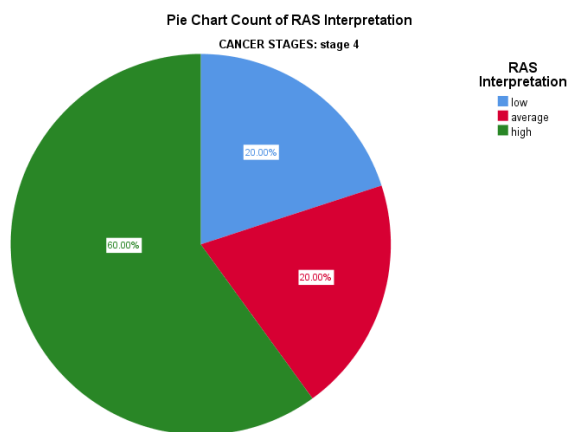

Fig. 5 - Representation of RAS scores of all caregivers of Stage 4 Cancer

These Pie-charts diagrammatically represent a trend of increasing relationship satisfaction as the cancer stages progress. Therefore, caregivers tend to build a much greater bond in their marital relationship while caring for a cancer patient with progressing cancer stages in this sample population.

Table 1 - One-way ANOVA for RAS Scores

	Sum of Squares	Df	Mean Square	F
Between Groups	72.950	3	24.317	.376
Within Groups	1033.600	16	64.600	
Total	1106.550	19		

The ANOVA table shows that the F-value is 0.376 (with a p-value of 0.771). This indicates that there is no significant difference in the mean relationship satisfaction scores among the caregivers of the different cancer groups. Therefore, the researcher fails to reject the null hypothesis of no difference in mean scores between the groups.

Table 2 - One-way ANOVA for BRCS Scores

	Sum of Squares	Df	Mean Square	F
Between Groups	41.000	3	13.667	.649
Within Groups	336.800	16	21.050	
Total	377.800	19		

The ANOVA table shows that the F-value is 0.649 (with a p-value of 0.591). This indicates that there is no significant difference in the Brief Resilient Coping Scale scores among the caregivers of the different cancer stage groups. Therefore, the researcher fails to reject the null hypothesis of equal means for the groups.

Table 3 - t-Test (For RAS Scores and Patient's Gender)
Group Statistics

	PATIENTS GENDER	N	Mean	Std. Deviation	Std. Error Mean
RAS SCORE	Male	10	27.90	8.672	2.742
	Female	10	25.40	6.653	2.104

Table 4 - Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
RAS SCORE	Equal variances assumed	2.366	.141	.723	18	.479	2.500	3.457	-4.762	9.762
	Equal variances not assumed			.723	16.868	.479	2.500	3.457	-4.797	9.797

The above statistical analysis is done to determine if there is a significant difference in RAS scores between the caregivers of male and female cancer patients. Based on the above results, it can be concluded that there is no significant difference in the relationship satisfaction levels between caregivers of male and female cancer patients in the sample.

Table 5: t-Test (For BRCS Scores and Patient's Gender)
Group Statistics

	PATIENTS GENDER	N	Mean	Std. Deviation	Std. Error Mean
BRCS SCORE	male	10	13.60	4.648	1.470
	female	10	12.60	4.452	1.408

Table 6 - Independent Samples Test

	Levene's Test for Equality of Variances	t-test for Equality of Means

		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference Lower	Upper
BRCS SCORE	Equal variances assumed	.012	.915	.491	18	.629	1.000	2.035	-3.276	5.276
	Equal variances not assumed			.491	17.967	.629	1.000	2.035	-3.276	5.276

The table above shows the results of an independent sample t-test conducted to determine if there is a significant difference in BRCS scores between caregivers of male and female cancer patients. Based on the results, it can be concluded that there is no significant difference in the coping resilience level between the caregivers of male and female cancer patients in the sample.

Table 7 - Pearson's Correlation b/w RAS & BRCS Scores

		RAS SCORE	BRCS SCORE
RAS SCORE	Pearson Correlation	1	.791[**]
	Sig. (2-tailed)		.000
	N	20	20
BRCS SCORE	Pearson Correlation	.791[**]	1
	Sig. (2-tailed)	.000	
	N	20	20

[**]. Correlation is significant at the 0.01 level (2-tailed).

The correlation coefficient between RAS score and BRCS score is 0.791, which indicates a strong positive correlation between the two variables. The correlation is significant at the 0.01 level (2-tailed), with a p-value of 0.000.

This result suggests that there is a significant association between coping resilience (as measured by BRCS) to relationship satisfaction (as measured by RAS) among the caregivers of cancer patents. Specifically, caregivers of cancer patients who have higher levels of coping resilience tend to have higher marital relationship satisfaction with their spouses, and vice versa.

Table 8 - Pearson's Correlation b/w RAS & BRCS Scores for Cancer stage 1

		RAS SCORE	BRCS SCORE
RAS SCORE	Pearson Correlation	1	.895[*]
	Sig. (2-tailed)		.040
	N	5	5
BRCS SCORE	Pearson Correlation	.895[*]	1
	Sig. (2-tailed)	.040	
	N	5	5

[*]. Correlation is significant at the 0.05 level (2-tailed).
a. CANCER STAGES = stage 1

Table 9 - Pearson's Correlation b/w RAS & BRCS Scores for Cancer stage 2

		RAS SCORE	BRCS SCORE
RAS SCORE	Pearson Correlation	1	.959[**]
	Sig. (2-tailed)		.010
	N	5	5
BRCS SCORE	Pearson Correlation	.959[**]	1
	Sig. (2-tailed)	.010	
	N	5	5

[**]. Correlation is significant at the 0.01 level (2-tailed).
a. CANCER STAGES = stage 2

Table 10 - Pearson's Correlation b/w RAS & BRCS Scores for Cancer stage 3

		RAS SCORE	BRCS SCORE
RAS SCORE	Pearson Correlation	1	.833

	Sig. (2-tailed)		.080
	N	5	5
BRCS SCORE	**Pearson Correlation**	.833	1
	Sig. (2-tailed)	.080	
	N	5	5

a. CANCER STAGES = stage 3

Table 11 - Pearson's Correlation b/w RAS & BRCS Scores for Cancer Stage 4

		RAS SCORE	BRCS SCORE
RAS SCORE	**Pearson Correlation**	1	.856
	Sig. (2-tailed)		.064
	N	5	5
BRCS SCORE	**Pearson Correlation**	.856	1
	Sig. (2-tailed)	.064	
	N	5	5

For each cancer stages (1,2,3, and 4), the tables show the correlation between RAS and BRCS scores.

For stage 1 and 2 cancers, there is a strong positive relationship between the two variables.

For stage 3 and 4 cancers, there may not be a strong relationship between the two variables.

Therefore, overall, the disease cancer shows a positive correlation for the two variables but for each stage that cannot be said.

Table 12 - Pearson's Correlation b/w RAS & BRCS Scores for Caregivers of Male Cancer Patients

		RAS SCORE	BRCS SCORE
RAS SCORE	**Pearson Correlation**	1	.840[**]
	Sig. (2-tailed)		.002
	N	10	10
BRCS SCORE	**Pearson Correlation**	.840[**]	1
	Sig. (2-tailed)	.002	
	N	10	10

**. Correlation is significant at the 0.01 level (2-tailed).
a. PATIENTS GENDER = male

The results suggest that there is a strong positive correlation between the RAS and BRCS scores of caregivers of male cancer patients, indicating that higher Coping Resilience will lead to a possible higher level of relationship satisfaction within the caregivers.

Table 13: Pearson's Correlation b/w RAS & BRCS Scores for Caregivers of Female Cancer Patients

		RAS SCORE	BRCS SCORE
RAS SCORE	**Pearson Correlation**	1	.730[*]
	Sig. (2-tailed)		.017
	N	10	10
BRCS SCORE	**Pearson Correlation**	.730[*]	1
	Sig. (2-tailed)	.017	
	N	10	10

*. Correlation is significant at the 0.05 level (2-tailed).
a.   PATIENTS GENDER = female

The results of this table suggest that there is a positive correlation between the RAS and BCRS scores of caregivers of female cancer patients, indicating that higher levels of coping resilience were also associated with a higher level of caregiver's marital relationship satisfaction, but the relationship was weaker than caregivers of male cancer patients.

4. Discussion

The results of the study as analysed from the tables 1 and 2, showed that cancer as a disease had no significant impact on the caregivers' marital relationship and coping resilience, respectively. Although, the caregiving process can have an influence on the caregivers of cancer patients. The caregivers reported experiencing significant stress and anxiety, contributing to low coping resilience, which led to conflicts and misunderstandings in their relationships. The stress of caring for a terminally ill family member also took a toll on the caregivers' physical and emotional well-being.

4.1 Role of patient's gender on caregiver's marital relationship and coping resilience

It was checked if the cancer patient's gender played any role in the caregivers' marital relationship satisfaction. The results from table 3 and 4 suggest that there was no significant difference in the relationship satisfaction levels between caregivers of male and female cancer patients in the sample. On checking if the cancer patient's gender played any role in the caregivers' level of coping resilience. It was inferred from the tables 5 and 6 that there was no significant difference in the levels of coping resilience between caregivers of male and female cancer patients in the sample.

However, according to table 12 and 13, the caregivers of both male and female cancer patients showed higher levels of marital relationship satisfaction if their coping resilience was also high. Another observation upon comparing the tables 12 and 13 is that the relationship satisfaction of caregivers of male cancer patients has shown to be much higher than caregivers of female cancer patients.

4.2 Relationship between the caregiver's coping resilience and their marital relationship satisfaction

The results of table 7 that calculates Pearson's correlation between Coping resilience and Relationship satisfaction of all 20 cancer caregivers, suggests that coping resilience plays a significant role in the well-being of caregivers of patients with cancer. Caregivers with high coping resilience show less psychological distress, better physical health, and better communication with their spouses, possibly leading to greater marital relationship satisfaction. Upon analysing the correlation between the level of coping resilience and relationship satisfaction through the different stages of cancer, in tables 8, 9, 10 and 11, it was inferred that the two variables exhibited positive correlation till the 2nd stage of cancer, after which they showed no correlation. This suggests that with passage of time as a caregiver for the advanced stages of cancer the caregiver develops some coping skills to better cope with the situation of potential loss.

4.3 Other observations from the results

According to the Figure 1, the level of relationship satisfaction of caregivers of cancer patients appears to be high, mostly. From the Figures 2,3,4 and 5 it can be interpreted that there appeared to be a possible increase in the level of marital relationship satisfaction of caregivers as the cancer stages progressed, i.e., Caregivers of last stage cancer patients reported a greater level of relationship satisfaction than that of first stage cancer patients. These results also suggest that caregiving for patients with cancer can have some influence on the marital relationship of the caregiver. Most caregivers of cancer patients in this study report decreased conflict and increased satisfaction in their marital relationship. When the patient is a child, the literature review found from previous researches suggest that the diagnosis of a terminal cancer in a child can have a significant impact on the parents' relationship. Parents report feelings of anger, frustration, and resentment towards each other, which often resulted in a breakdown of their relationship. They also reported feelings of isolation and loneliness, as they struggled to find support from others who had gone through a similar experience. The lacking social support has shown to be a contributing factor for a lower level of coping resilience in participants. This study has further solidified the importance of better support system for a higher level of coping resilience. This study suggests that there could be various factors other than cancer itself that affects the coping resilience and marital relationship of caregivers. These possible factors need to be studied thoroughly and extensively to create better understanding on this topic. The coping style of the caregivers was also found to be affected. Some caregivers reported that they coped by focusing on the family member that was suffering from the last stage cancer and providing them with as much comfort and support as possible. Others reported that they coped by withdrawing from them and focusing on their own needs. In some cases, caregivers reported that they coped by relying on their faith or spirituality.

These results highlight the need for healthcare providers and mental health professionals to provide support to caregivers who are caring for the cancer patient. The findings suggest that caregivers need emotional and practical support, as well as access to relationship counselling services to help them deal with their emotions and cope with the loss and grief of their situation.

5. Conclusion

In conclusion, cancer itself cannot have an impact on the caregiver's marital relationship and coping resilience but caregiving for a family member diagnosed with cancer can have a significant impact on their caregivers. The findings of this study suggest that healthcare providers and mental health

professionals need to develop much more effective interventions and provide better support to cater to caregivers' needs and well-being through this difficult time and to help them cope with their loss and grief.

Therefore, from amongst the three Hypothesis i.e., -

H$_{o1}$ - There will be a significant relationship between patient's cancer and the caregiver's marital relationship.

H$_{o2}$ - There will be a significant relationship between patient's cancer and the caregiver's coping resilience.

H$_{o3}$ - Cancer caregivers' coping resilience is positively correlated to their marital relationship satisfaction.

The H$_{o1}$ and H$_{o2}$ hypotheses were disproved and H$_{o3}$ hypothesis was proved.

This research study had focused on caregivers' marital relationship and coping resilience. The results showed a positive correlation between the two, which further emphasise the importance of a greater need for attention in the areas of development of more effective marriage and relationship intervention plans for cancer caregivers by researchers and healthcare professionals. That can be done by applying this research study on a greater scale for a larger sample size. From this research study it was found that there might be variables other than cancer that have an influence on the cancer caregivers' marital relationship satisfaction and coping resilience. This area can be further explored for a much better and an in-depth understanding of this topic of study. Another area that can be explored is the finding of a possible reason(s) for the presence of a much stronger relationship of caregivers of male cancer patients than the female cancer patients.

Appendix A - Relationship Assessment Scale (RAS) by S. S. Hendrick in 1988

RELATIONSHIP ASSESSMENT SCALE (RAS)

	Low				High
1. How well does your partner meet your needs?	1	2	3	4	5
2. In general, how satisfied are you with your relationship?	1	2	3	4	5
3. How good is your relationship compared to most?	1	2	3	4	5
4. How often do you wish you hadn't gotten into this relationship?	1	2	3	4	5
5. To what extent has your relationship met your original expectations?	1	2	3	4	5
6. How much do you love your partner?	1	2	3	4	5
7. How many problems are there in your relationship?	1	2	3	4	5

Scoring:

Items 4 and 7 are reverse-scored.

Scoring is kept continuous. The higher the score, the more satisfied the respondent is with his/her relationship.

Self Report Measures for Love and Compassion Research: *General Relationship Satisfaction*

Appendix B - Brief Resilient Coping Scale (BRCS) by V. G. Sinclair and K. A. Wallston in 2004

BRIEF RESILIENT COPING SCALE

BRCS Instructions: **Consider how well the following statements describe your behavior and actions.**	(1) Does not describe me at all	(2) Does not describe me	(3) Neutral	(4) Describes me	(5) Describes me very well
I look for creative ways to alter difficult situations.					
Regardless of what happens to me, I believe I can control my reaction to it.					
I believe I can grow in positive ways by dealing with difficult situations.					
I actively look for ways to replace the losses I encounter in life.					

Sinclair, V. G., & Wallston, K.A. (2004). The development and psychometric evaluation of the Brief Resilient Coping Scale. Assessment, 11 (1), 94-101. https://www.ncbi.nlm.nih.gov/pubmed/14994958

An online, self-scoring version is available at: https://www.psytoolkit.org/survey-library/resilience-brcs.html# (You will need to scroll down and click "run the demo" to access the online test.)

BRCS Interpretation	Score range
Low resilient copers	4-13 points
Medium resilient copers	14-16 points
High resilient copers	17-20 points

EMDR Early Intervention and Crisis Response: Researcher's Toolkit | version 03.2018 | © 2014-2018 http://.emdrresearchfoundation.org/toolkit/

References

Barbarin, O. A., Tiernan, B. M., Telfair, J., & Stancil, M. T. (2018). Caring for children with cancer: A systematic review of factors impacting parents' psychological distress. Paediatric blood & cancer, 65(6), e26932. doi: 10.1002/pbc.26932

Brown, C. E., Neely-Barnes, S. L., & Perrin, N. A. (2014). The experience of parents when their child has a terminal illness: a literature review. Journal of paediatric nursing, 29(6), 555-567. doi: 10.1016/j.pedn.2014.06.013

Brown, R. L., Neely-Barnes, S. L., & Perrin, N. A. (2010). The effect of pediatric illness on family functioning: A review of the literature. Journal of Pediatric Psychology, 35(4), 397-411.

Copping, A. E., & Milburn, N. G. (1992). Coping with the stress of paediatric illness: A review of the literature. Journal of Paediatric Psychology, 17(1), 55-80.

Coriat, R., Boudou-Rouquette, P., Durand, J. P., Cost effectiveness of integrated medicine in patients with cancer receiving anticancer chemotherapy. *J Oncol Pract*. 2012; **8:205**-210

Ferrell, B. R., Temel, J. S., Temin, S., Alesi, E. R., Balboni, T. A., Basch, E. M., &Scavone, J. L. (2017). Integration pf palliative care into standard oncology care: American Society of Clinical Oncology Clinical Practice Guideline Update. Journal of clinical oncology, 35(1), 96-112. doi: 10.1200/JCO.2016.70.1474

Gaugler, J. E., Given, C. W., Linder, J., Kataria, R., Tucker, G., & Regine, W. F. (2011). Perceptions of burden among family caregivers of patients with pancreatic cancer. Supportive Care in Cancer, 19(10),1511-1519. doi: 10.1007/s00520-010-1007-9

Gavazzi, S. M., & Oh, A. (2006). Terminal illness in children: Impact on parents and families. Current Opinion in Paediatrics, 18(6), 647-651.

Girgis, A., Lambert, S., Johnson, C., Waller, A., Currow, D., & Tuckwell, A. (2006). Some things change, some things stay the same: a longitudinal analysis of cancer caregivers' unmet supportive care needs. Supportive Care in cancer, 14(3), 211-219. https://doi.org/10.1007/s00520-005-0896-3

Hendrick, S. S. (1988). A genetic measure of relationship satisfaction. Journal of Marriage and Family, 50(1), 93-98. doi: 10.2307/352430

Hendrick, S. S., Dicke, A., & Hendrick, C. (2016). The relationship assessment scale. In T. D. Fisher, C. M. Davis, W. L. Yarber, & S. L. Davis (Eds.), Handbook of sexuality-related measures (4th ed., pp. 589-591). New York, NY: Routledge.

Hornby, A. S. (Ed.). (2010). Oxford Advanced Learner's Dictionary of current English (8th ed.). Oxford University Press.

https://prezi.com/mk1pzbltfjjc/why-do-people-have-different-interests-and-hobbies/

Kupst. M. J., &Bingen, K. (2006). Diagnosis of life-threatening illness in children: a stress and coping perspective. Stress and Health: Journal of the International Society for the Investigation of Stress, 22(1), 3-11. https://doi.org/10.1002/smi.1079

McQuillan, J., &Sloper, P. (2000). The experience of parental bereavement following the death of a child from cancer. Death Studies, 24(7), 557-573.

National Alliance for Caregiving & AARP Public Policy Institute. (2015). Caregiving in the U.S. 2015: Executive Summary. https://www.caregiving.org/wp-content/uploads/2015/05/2015_CaregivingintheUS_Executive-Summary-June-4_WEB.pdf

Neely-Barnes, S. L., Brown, R. L., & Perrin, N. A. (2011). The impact of paediatric illness on family functioning: A meta-analytic review. Journal of Paediatric Psychology, 36(6), 616-628. doi: 10.1093/jpepsy/jsq105

Palos, G. R., Mendoza, T. R., Liao, K. P., Anderson, K. O., Garcia-Gonzalez, A., Hahn, K., &Cleenland, C. S. (2011). Caregiver symptom burden: the risk of caring for an underserved patient with advanced cancer. Cancer, 117(5), 1070-1079.

Prendergast, T. J., Luce, J. M. (1997). Increasing incidence of withholding and withdrawal of life support from the critically ill. American Journal of Respiratory and Critical Care Medicine, 155(1), pp- 15-20. doi:10.1164/ajrccm.155.1.9001300

Reiter-Theil, S., Mertz, M., & Meyer-Zehnder, B. (2007). The complex roles of relatives in end-of-life decision-making. An ethical analysis. HEC Forum, 19(4), 311-328. doi: 10.1007/s10730-007-9035-8

Rodriguez, E. M., Dunn, M. J., Zuckerman, T., Vannatta, K., Gerhardt, C. A., Compas, B. E. (2011). Cancer-related sources of stress for children with cancer and their parents. Journal of Paediatric Psychology, 36(2), 185-197. doi: 10.1093/jpepsy/jsq056

Romito, F., Goldzweig, G., Cormio, C., Hagedoorn, M., Andersen, B. L. (2013). Informal caregiving for cancer patients. Cancer, 199(11), 2160-2169.

Sinclair, V. G., &Wallston, K. A. (2004). The development and psychometric evaluation of the Brief Resilient Coping Scale. Assessment, 11(1), 94-101. doi: 10.1177/1073191103258144

Sklenarova, H., Krümpelmann, A., Haun, M. W., Friederich H. C., Huber, J., Thomas M., Winkler, E. C., Herzog, W., Hartmann, M. (2015) When do we need to care about the caregiver? Supportive care needs, anxiety, and depression among informal caregivers of patients with cancer and cancer survivors. Cancer Volume 121, Issue 9. American Cancer Society. https://acsjournals.onlinelibrary.wiley.com/doi/10.1002/cncr.29223

Smith, B. W., & Alloy, L. B. (2009). A roadmap to resilience: A review of the resilience literature and its implications for interventions in people with bipolar disorder. Bipolar disorder, 11(5), 732-742.

Vallerand, A. H., Collins-Bohler, D., Templin, T., Hasenau, S. M. (2007). Knowledge of and barriers to pain management in caregivers of cancer patients receiving homecare. Oncology nursing forum, 34(6), 1133-1140. doi:10.1188/07.ONF.1133-1140

Van der Heide, A., Deliens, L., Faisst, K., Nilstun, T., Norup, M., Paci, E., van der Wal, G., & van der Maas, P. J. (2003). End-of-life decision-making in six European countries: descriptive study. Lancet (London, England), 362 (9381), 345-350. doi: 10.1016/50140-6736(03)14019-6

VandenBos, G. R. (Ed.). (2015). APA dictionary of psychology (2nd ed.). American Psychological Association.

World Health Organization. (2021). Cancer. https://www.who.int/news-room/fact-sheets/detail/cancer