ISSN: 2584-0142
PSYCHOPEDIA JOURNALS
International Journal of Interdisciplinary Approaches in Psychology (IJIAP)

Role of Social Support, Spousal Relationship Quality and Illness Perception on Treatment Adherence among Cancer Patients

[1]**Snimar Kaur**, *B.A. Psychology, Amity University, Punjab*
[2]**Kanchan Verma**, *Assistant Professor, Amity University, Punjab*

Abstract: Treatment adherence is a very important factor in cancer outcomes, yet psychosocial factors that influence adherence remain underexplored in the India context. This study examines the role of Social Support (from family and friends), spousal relationship quality, and illness perception on treatment adherence among 41 adult cancer patients undergoing the Brief Illness Perception Questionnaire (IPQ), Relationship Assessment Scale (RAS), Perceived Social Support Scale (PSS-F&PSS – Fr), and Chemotherapy Adherence Assessment Scale (CAAS). Correlation and multiple regression were conducted. Results revealed that spousal relationship quality was the only significant correlate and independent predictor of treatment adherence. These findings tell the importance of spousal relationship quality in treatment adherence within India and tell the importance of the couple-centred psychosocial intervention.

Key words: *Cancer Patients, Social Support, Spousal Relationship Quality, And Treatment Adherence.*

1. Introduction

Cancer is one of the leading causes of morbidity and mortality worldwide; it not only affects the medical condition but also profoundly affects the psychosocial challenges that affect the patient's emotional stability, their relationship, and their quality of life. (World Health Organisation, 2024). According to the World Cancer Research Fund (2022), there are 20 million new cases globally. They found out Nearly 9.7 million people died from cancer globally. India alone has registered approximately 1,401,721 new cancer cases in 2022. Cancer can start almost anywhere in our body, which is made up of trillions of

cells. In the human body, cells grow and multiply to form new cells as the body needs them. When cells grow or become damaged, they die, and new cells take their place. Sometimes this orderly process breaks down, and abnormal or damaged cells grow and multiply when they should not. These cells may form tumours, which are lumps of tissue. Tumours can be cancerous or non-cancerous. It is a variety of the disease at the tissue level, and this variety is a major challenge for its specific diagnosis; it is followed by the efficacy of treatment. (Br J Cancer,2013). The most common cancers found in India are breast cancer, lung cancer, oral cavity cancer, and colorectal cancer (Max Healthcare, 2023). It is reported that the most common cancer among women is breast cancer, while head and oral cavity cancer are common among men (Iyer, M 2024) "To fully understand the psychosocial determinants of treatment adherence among cancer patients, it is essential to consider the unique sociocultural context of India in which this study is situated. India is a collectivist society where the family unit — rather than the individual — forms the foundation of social life, decision-making, and emotional support (Triandis, 1995). Unlike Western contexts where individual autonomy in healthcare decisions is emphasised, Indian patients frequently rely on family members, particularly spouses and close relatives, to guide, support, and participate in critical treatment-related decisions. The joint family structure, which remains prevalent across much of India, means that cancer patients are often surrounded by multiple family members who collectively participate in the caregiving process. However, this same structure can also introduce conflicting opinions, financial pressures, and caregiver fatigue that may inadvertently hinder consistent treatment adherence. Additionally, cancer continues to carry a significant social stigma in many parts of India, with patients and families sometimes concealing the diagnosis out of fear of social rejection, which further isolates patients from potential sources of support and discourages open communication about treatment challenges (Thakur et al., 2020). Financial toxicity is another critical concern, as the high cost of cancer treatment in India — combined with limited insurance coverage and loss of income during illness — places enormous strain on patients and their families, making sustained treatment adherence particularly difficult for economically vulnerable populations. Furthermore, mental health awareness and psychosocial support services remain largely underdeveloped within Indian oncology settings, meaning that the psychological and relational needs of cancer patients are frequently unmet. It is within this complex sociocultural landscape that the present study examines the roles of social support, spousal relationship quality, and illness perception in predicting treatment adherence, recognising that these variables carry unique meanings and implications within the Indian context.

Family support is one of the important roles in the treatment experience. It entails empathy, understanding, reassurance, physical assistance, and encouragement offered throughout the course of treatment (Aprilianto et al.,2021). Family support is one aspect of an even larger construct referred to as social support, which involves assistance derived from different sources, including family, friends, and society (Melguizo – Garin et al.,2022). Extensive support from family and society has been related to decreased psychological distress, increased treatment compliance, and better quality of life in cancer patients. (Tian et al., 2021). The social support comprises the family and friend support, but for married patients, the most important support comes from their spouse; the quality of the relationship is one of the factors in treatment adherence.

Relationship quality describes the degree of satisfaction, trust, understanding, and emotional bond between partners or spouses. High-quality relationships are marked by open communication, empathy, and mutual respect that generate a sense of security and cooperation (Fincham & Beach, 2010; Reis & Gable, 2015). One of the most exhaustively researched relationship quality dimensions is marital satisfaction, which is the general satisfaction an individual has with their marriage or union (Funk & Rogge,2007; Bradbury et al.,2000). Marital satisfaction is influenced by Factors such as effective communication, emotional intimacy, shared decision-making, and the ability to resolve conflicts between partners. Marital satisfaction has been strongly linked with psychological well-being, lower stress, and better physical health outcomes, particularly in couples coping with chronic illness (Kayser et al.,2007; Mane & Badr, 2008). For chronic illness, helper relationships may serve as buffers that promote coping and treatment adherence, while conflictual or strained relationships may amplify emotional distress as well as hurt health behaviours (Langer et al.,2018). Beyond the relational environment, the most important thing is that the patients' own internal beliefs and cognitive representation of their illness play an important role in shaping how they respond to treatment. This is conveyed through the concept of illness perception

Illness perception is the collection of personal beliefs and emotional states that an individual has concerning their illness. This encompasses the way in which one believes the illness to be caused, how long it lasts, whether it can be controlled, and its consequences (Brodbent et al.,2006; Hagger & Orbell, 2003). Positive illness perceptions, such as examples like seeing cancer as being treatable or manageable, facilitate adaptive coping and treatment compliance. Negative illness perceptions, on the other hand, can result in hopelessness, avoidance, and treatment nonadherence (Rozema et al.,2009; Zhang et al., 2021). Illness perception is a key concept in the Self-Regulation Model of Illness Behaviour

(Leventhal et al., 1980), where the focus lies on how patients' beliefs concerning their illness determine their emotional response and health behaviour. These cognitive beliefs about one's illness do not exist in isolation; they interact with the patient's social support and their relationship with their support; it influences one of the most critical outcomes of cancer care, which is known as treatment adherence.

Treatment adherence refers to the degree to which a patient's behaviour—taking medication, following a diet, or attending therapy—matches the medical advice provided by healthcare professionals (World Health Organisation,2003). It represents not only the patient's cooperation with treatment instructions but also their active engagement and motivation to manage the illness. Adherence is a multidimensional construct influenced by psychological, social, and situational factors that affect (Jimmy & Josa, 2011). Adherence behaviour is influenced by several factors, including emotional well-being, social support, relationship quality, and cognitive understanding of the illness (DiMatteo,2004; Sabate,2003). Non-adherence remains a significant barrier in cancer care, leading to reduced treatment effectiveness and poorer prognosis (Verbrugghe et al., 2013; Greer et al., 2016). Despite the well-documented influence of these psychosocial factors, limited research has examined social support, spousal relationship quality, and illness perception as combined predictors of treatment adherence, particularly within the India sociocultural context. Therefore, the present study aims to investigate the role of the three variables in predicting treatment adherence among cancer patients in the India context, to get more culturally sensitive and psychosocial approaches to cancer care.

2. Review of Literature

Social Support and Treatment Adherence

Social Support is defined as the emotional, informational and instrumental assistance from family and friends. Yaner et al (2020) examined the correlation between support from family and medication adherence in cancer patients. Cancer patients who received greater emotional and practical support from family members were more regular in complying with treatment and medical prescriptions. Shen, Qiang et al. (2020) examined the quality of life in 121 Chinese women with triple-negative breast cancer and reported that hope, self-efficacy, and perceived social support were all strongly positively related to quality of life ($p < .001$). Their multiple regression model indicated that hope, income, cancer stage, self-efficacy and social support jointly accounted for 56.2 % of the variance in quality of

life. Fernandes et al.(2014) carried out a review study on social support to women who are receiving treatment for breast cancer. They emphasised that family members and spouses were the main sources of support, playing an integral role in emotional stability and treatment compliance. Similarly, Griffin et al. (2014) performed a systematic review looking at the Effectiveness of Family and Caregiver Interventions on patients with Cancer. According to their findings, while family or caregiver interventions have theoretical potential, the evidence regarding their effectiveness in improving patient outcomes continues to be limited. Nizet et al. (2022) examined the perceptions and beliefs of 17 digestive-system cancer patients regarding oral anticancer medication. Their thematic analysis identified family support as a significant facilitator of adherence and treatment toxicity, negative family beliefs and fear of forgetting medication as significant barriers to adherence.

Spousal Relationship Quality and Treatment Adherence

Relationship quality is defined as the satisfaction, trust, understanding, and emotional bond (Reis & Gable,2015). Revenson and Majerovitz (1991) investigated whether chronic illnesses are linked to the provision and perception of spousal support. Morgan et al. (2011) considered the interrelation between the quality of the spousal/partner relationship and the quality of life in cancer patients with pain. Their results indicated that patients reporting greater relationship satisfaction and emotional support from their partners showed improved psychological adjustment and overall quality of life. This identifies the important role supportive spousal relationships have in patients' adjustment to illness and compliance with treatment regimens. The research highlights that emotional intimacy and empathetic understanding in a relationship can cushion the psychological effects of cancer, resulting in better illness perceptions and coping strategies. Langer et al. (2018) When patients or spouses did not express feelings or when criticism was exhibited, relationship satisfaction decreased in both partners, while giving and receiving support predicted increased satisfaction. Gil et al. (2022) The research underscored that emotional support, mutual responsibility for adopting health habits, and good communication within the relationship significantly contributed to patients' willingness to maintain healthy behaviours. On the other hand, misunderstandings or non-parallel expectations between partners at times caused distress or resistance to behaviour modification. These observations highlight that the quality and type of partner support play a significant role in determining cancer patients' perceptions of illness and treatment adherence. Csuka et al (2023) reported that partner emotional support significantly predicted higher relationship satisfaction and higher self-esteem, with directive support only predicting self-esteem.

Illness Perception and Treatment Adherence

Illness perception defines to collection of personal beliefs and emotional states an individual holds regarding their illness, beliefs about cause, duration and consequences (Braodbent et al., 2006). Rozema et al. (2009) found that patients who perceived their cancer as having severe consequences and an unpredictable timeline reported significantly higher levels of psychological distress and lower treatment adherence. Conversely, patients who believed their cancer was controllable and that treatment would be effective demonstrated better emotional adjustment and greater consistency in following their treatment regimens. Broadbent, Donkin, and Stroh (2011) found that patients who believed their illness was controllable and that treatment would be effective showed markedly higher adherence rates compared to those with more negative illness perceptions. The study concluded that illness perceptions, particularly beliefs about treatment control and illness consequences, are powerful predictors of medication adherence and that interventions targeting maladaptive illness beliefs could significantly improve patient compliance with treatment. Faraci and Bottaro (2022) found that perceived social support from significant others, friends, and family is associated with illness perception, quality of life, life orientation, and life satisfaction. The findings support the importance of differentiating among sources of support in examining psychosocial outcomes for cancer patients. Zhang, Wang, Li, Sun and Li (2024) discovered that incongruence between spouse and patient illness perception harmed psychological adjustment, and that coping was effective when there was disclosure, joint understanding, and meaning making. Although treatment adherence was not specifically the aim, what is of particular interest is how spousal relationships and joint cognitive appraisals of illness can affect health behaviours and adjustment in cancer.

2.1 ***Rational***

Despite extensive research in Western contexts, there is limited empirical evidence on how relationship satisfaction and family support influence treatment adherence among cancer patients in India. In Indian society, which is collectivistic, the family structures and gender roles substantially play an important role in the patient's emotional and decision-making processes; thus, understanding these psychosocial variables in this cultural setting becomes both relevant and necessary. Exploring interconnections between social support, relationship satisfaction, illness perception, and treatment adherence may provide useful insights for designing culturally sensitive psychosocial interventions aimed at improving patient outcomes. This study, therefore, proposes to examine the influence of social support and spouse on relationship satisfaction and treatment adherence among patients with cancer. In addressing

this literature gap, there is a need to study social and relational factors that may play a major role in treatment adherence as well as influence the mental health of cancer patients.

2.2 *Objective*

1. To assess the nature and extent of the relationship between Illness perception, spousal relationship quality, social support, and treatment adherence among cancer patients.
2. To assess the role of illness perception, spousal relationship quality, and social support in predicting treatment adherence among cancer patients.

2.3 *Hypothesise*

H1: Illness perception, spousal relationship quality, and social support would be significantly correlated with treatment adherence among cancer patients.

H2: Illness perception, spousal relationship quality, and social support would emerge as significant predictors of treatment adherence among cancer patients.

3. Methodology

3.1 *Sample*

The study has included a sample of 41 adult cancer patients. Participants were selected using a purposive sampling technique, ensuring that only individuals who meet the inclusion criteria and are undergoing active cancer treatment are considered. The age range of participants was between 30 and 65 years, allowing for a diverse representation of adults in different stages of life who may experience variations in emotional, psychological, and social adjustment to illness. The participants were recruited by an individual approach. Were they asked to fill out the form through online mode or face-to-face. This setting ensures accessibility to individuals currently adhering to medical regimens and coping with the challenges of cancer treatment. Data collection will take place across different healthcare institutions in Punjab, providing a mix of both urban and semi-urban participants. The inclusion of both male and female patients across a broad age range will allow for meaningful comparison of illness perception, spousal relationship quality, social support, and treatment adherence. This approach aims to capture the complexity of psychosocial factors influencing adherence among cancer patients within the Indian sociocultural context.

3.2 *Inclusion & exclusion criteria*

Inclusion criteria

- Adult cancer patients aged 30 – 65 years.

- Confirmed diagnosis of cancer and currently undergoing active treatment (chemotherapy and radiotherapy).
- The patients should be diagnosed with the first stage of cancer or more.
- They must have received the treatment for at least one month.
- Living with or in regular contact with a spouse/partner.
- Able to understand the questionnaire language and give informed consent.

Exclusion criteria

- Severe cognitive impairment or severe psychiatric illness that prevents valid questionnaire responses.
- Critically ill patients who are medically unstable or unable to participate.
- The patients who haven't received the treatment for at least one month.
- Patients who have not started treatment.
- Individuals with physical disabilities, diagnosed psychological or neurological disorders and other comorbid conditions.

3.3 Measures

Brief Illness Perception Questionnaire (Brief IPQ, Broadbent et al., 2006): Developed by Broadbent, Petrie, Main, & Weinman (2006), the Brief IPQ is a 9-item scale designed to assess the cognitive and emotional representations of illness. It evaluates dimensions such as perceived consequences, duration, personal control, treatment control, symptoms, concern, understanding, and emotional impact of the illness. Each item is rated on a 0–10 scale, with higher scores reflecting stronger perceptions or greater emotional responses. Reliability (α = .70–.80) is widely used among chronic illness and cancer populations.

Relationship Assessment Scale (Hendrick, 1988): The Relationship Assessment Scale (RAS) developed by Susan S. Hendrick (1988) has been shown to have strong psychometric properties. The scale has been shown to have strong internal consistency, with Cronbach alpha coefficients ranging from .80 to .90. Test-retest reliability has also been found to be satisfactory.

Perceived Social Support – Friends and Family Scale (PSS-Fa & PSS-Fr , Procidano and Heller, 1983): Developed by Procidano and Heller (1983), this measure consists of two subscales, each containing 20 statements that assess the perceived support received from family and friends. Responses are given as "Yes," "No," or "Don't know." The total score indicates the level of perceived social support, with higher scores representing greater support. The scale has excellent internal consistency (α = .88 for

family and α = .90 for friends) and is widely used among patients dealing with chronic illnesses, including cancer, to assess their social support networks.

Chemotherapy Adherence Assessment Scale (Prakash et al., 2024): Chemotherapy Adherence Assessment Scale Chemotherapy Adherence Assessment Scale (CAAS) is a standardised tool developed to measure adherence behaviours among patients undergoing chemotherapy. This was developed by Dr G Hari Prakesh along with Sunil Kumar D., Kiran P. K., Vanishri Arun, and Deepika Yadav in 2024. The scale consists of 8 items. The scale demonstrates strong psychometric properties, with a Cronbach's alpha of 0.789, indicating good internal consistency.

3.4 *Procedure*

Participants were identified and approached individually. A total of 41 cancer patients were approached. After obtaining permission from the patient and their caregiver, potential participants who meet the inclusion criteria will be informed about the purpose and nature of the research. Those who were willing to participate were provided with an informed consent form, assuring them of confidentiality, anonymity, and the right to withdraw from the study at any stage without any negative consequences. Following the consent process, participants will first complete a demographic and clinical information sheet, followed by standardised questionnaires assessing family support, relationship quality, illness perception, and treatment adherence. The instruments administered included the *Perceived Social Support–Friends and Family Scale (PSS-Fa & PSS-Fr),* the *Relationship Assessment Scale (RAS),* the *Brief Illness Perception Questionnaire (Brief IPQ),* and the Chemotherapy Adherence Assessment Scale (CAAS). These questionnaires were administered individually, either via a paper–and–pencil method or an online form, depending on participants' convenience and accessibility.

Once data collection is completed, all responses will be systematically coded and entered into SPSS for analysis. Descriptive statistics (mean, standard deviation, and frequencies) will be computed to summarise the demographic and main study variables. Pearson's correlation analysis will be performed to examine the relationships among support, spousal relationship quality, illness perception, and treatment adherence. Furthermore, multiple regression analysis will be conducted to determine the predictive influence of family support and relationship quality on treatment adherence among cancer patients.

4. Result

Table 1. *Mean, Standard Deviation, Skewness, and Kurtosis on the score of study variables (N= 41)*

	Mean	Standard deviation	Skewness	Kurtosis
IPQ	43.49	7.480	.047	.767
RAS	29.64	4.847	.326	1.368
CAAS	17.20	3.084	.526	.602
SSQ F	17.90	2.119	1.225	.698
SSQ Fr	12.88	4.238	265	1.148

Table 1- It presents the descriptive statistics for all study variables. Normality was assessed using skewness and kurtosis values. According to Kline (2011), skewness values within ±3 and kurtosis values within ±7 are considered acceptable indicators of normal distribution. All study variables showed skewness and kurtosis values within the acceptable range, confirming that the data were approximately normally distributed and suitable for parametric analysis.

Table 2. *Correlation Coefficient between illness perception, spousal relationship and perceived social support and treatment adherence (N=41)*

Variables	IPQ	RAS	CAAS	SSQ F	SSQ FR
IPQ	1	-.034	.009	-.230	-.425**
RAS	-.034	1	.357*	-.020	.532**
CAAS	.009	.357*	1	.244	.281
SSQ F	-.230	-.20	.244	1	.352*
SSQ Fr	-.425**s	.532	.281	.352*	1

*p < .05. **p < .01

Correlation analysis was conducted to examine the relationship between illness perception, perceived relationship quality with spouse, and perceived social support with treatment adherence. Results revealed that relationship quality was significantly positively correlated with treatment adherence ($r = .357$, $p < .05$), indicating that better spousal relationship quality is associated with higher treatment adherence among cancer patients. However, family support ($r = .244$, $p > .05$), friend support ($r = .281$, $p > .05$), and illness perception ($r = .009$, $p > .05$) did not show significant correlations with treatment adherence.

Table 3: *Regression analysis result of the predictors Relationship with spouse and Treatment adherence*

Predictor Variable	R-square	B	SE	t	p
RAS	.128	.227	.095	2.389	.022

Table 3 presents the regression analysis examining the predictive role of relationship quality on treatment adherence. The model was statistically significant, $F(1, 39) = 5.707$, $p = .022$. Relationship quality explained 12.8% of the variance in treatment adherence ($R^2 = .128$). Relationship quality emerged as a significant positive predictor of treatment adherence ($B = .227$, $t = 2.389$, $p = .022$), indicating that better spousal relationship quality was associated with higher treatment adherence among cancer patients

5. Discussion

The study aimed to examine the relationship and role of social support, spousal relationship quality, and illness perception with treatment adherence among cancer patients in India. To meet the first objective of the study, correlation analysis was computed. Results of the statistical analysis indicated significant correlation only between the spousal relationship and treatment adherence. Here, hypothesis 1 is partially supported by the current findings. The second objective of the study was to explore the role of social support, spousal relationship quality, and illness perception in explaining treatment adherence by using regression analysis. Here, regression analysis was only performed to explore the role of spousal relationship and treatment adherence, as one of the assumptions of regression analysis is having significant correlation between variables. Result of the regression analysis indicated 12.8% of variance explained by relationship quality in treatment adherence.

The first hypothesis says that social support, spousal relationship and illness perception would have a correlation with treatment adherence among cancer patients. The result of the correlation partially supported the hypothesis. The results show that there is a positive correlation with the spousal relationship and treatment adherence, but illness perception, social support from friends, and social support from family do not show correlations with treatment adherence. The Spousal relationship quality shows a significant positive correlation with the treatment adherence ($r = .357$, $p < .05$), indicating that the cancer patients who were high on the spousal relationship quality had greater treatment adherence. The finding by Morgan et al. (2011) says that cancer patients report greater relationship satisfaction, which improves the treatment. Similarly, Langer et al (2018) found that supportive communication between the

partners shows health behaviours in the patients. Explaining the attachment theory, which suggests that secure attachment and a high-quality intimate relationship provide great emotional safety, which allows individuals to cope with their illness and engage in healthcare (Manne & Badr,2008). In the Indian context, this finding means that the spouse's role is central to supporting the cancer patient, as they provide emotional support, practical care, and health decision facilitation. A high-quality spouse relationship creates a supportive, motivating, and healthier environment for patients in their treatment. The illness perception did not show a significant correlation with treatment adherence ($r = .009$, $p > .05$). Findings by Leventhal's Self-Regulation Model (1990) were contrasted with the finding say that patients' cognitive representations of their illness directly shape their behaviour and their health. There are a lot of studies that explain the non-significance of the results. Research on breast cancer patients was given endocrine therapy shows that there is no significant prediction of medication adherence in patients with low fear of recurrence. This finding tell that the relationship between illness perception and treatment adherence depends rather on the universal (Oncology Nurse Advisor, 2026). Some studies show that the collective cultural treatment adherence depends more on the relational and family factors than on the individual factors, such as their illness beliefs. In countries like India, the spousal relationship is more important for individual health behaviour rather than their personal belief about the illness (Bainscape, nd). Furthermore, Dodd et al. (2012) found that over 54.1% Indian cancer patients were unaware of their illness due to medical decisions made by the family of the patient. Moreover, illness perception may operate indirectly through the social support of the individual rather than as a direct predictor of adherence (Kim and Kim 2019), which shows that perceived social support significantly mediates the relationship between illness perception and health outcomes in cancer patients. Result for Social Support with family is not significantly correlated with treatment adherence ($r = .244$, $p > .05$). The finding is surprising, as in the collective culture, the family plays a very important role in the healthcare decision of the patient, and it has been strongly linked to better treatment outcome in the previous study by Yaner et al.(2020). However, few studies explain the non-significant finding may be explained by the distinction between general family support and specific spousal relationship quality, as research has shown that among family support, the partner relationship is the centre and most important aspect of health-related outcome among cancer patients (Faraci & Battaro,2022).

No significant relationship has been found between Social Support from Friends and treatment adherence (CAAS) ($r = .281$, $p > .05$). This finding contradicts with previous literature, which has reported that there is a significant relationship between social support and

treatment adherence among cancer patients (Tian, et al. 2021). Although, some studies show that social support from individuals other than romantic partners may be less important in health behaviour in cancer patients (Sorinao et al., 2025). In India context, friendship plays a secondary role in healthcare decisions, as the research highlights that in the collective culture, patients tend to shift support primarily from their spouse rather than from their friendship network (Cheng et al.,2021). According to some research, it has been shown that cancer-related stigma and the misconception that cancer is contagious may result in withdrawal from friends (BMC Psychology, 2025).

The second hypothesis says that illness perception, spousal relationship quality, and social support would have significant predictors of treatment adherence among cancer patients. The overall regression model was conducted, and only the spousal relationship quality was an independent predictor of treatment adherence. Spousal relationship quality has significant positive predictor of treatment adherence. This finding was concluded from the correlation analysis and further underscores the primacy of the spousal relationship quality that shows treatment adherence behaviour. Morgan et al. (2011) similarly show that partner relationship quality was a significant determinant of cancer patients' health outcomes. In the Indian context, the spousal relationship serves not only emotional support, but all types of support that engage the quality of this relationship. Illness perception, social support from friends, and social support from family did not have a significant independent effect on treatment adherence. These findings suggest that the quality of the spousal relationship plays an important role in treatment adherence. It is shown that the influence of illness perception and social support on adherence is overshadowed by the spousal relationship, which acts as the primary pathway through which other psychosocial factors influence treatment behaviour.

6. Conclusion

The study aimed to understand the role of social support, spousal relationship quality, and illness perception on treatment adherence among cancer patients in India. This finding shows that the central and unique role of the spousal relationship in shaping treatment adherence behaviour among cancer patients in India, where the spousal relationship plays an important role in individual life, not only as an emotional anchor, but also as the principal facilitator of healthcare engagement and treatment-related decision-making. These findings contribute meaningfully to the expanding body of psycho-oncology literature in India, highlighting the need to move beyond a purely biomedical model of cancer care. Instead, they advocate for a more holistic and couple-centred approach, in which the spousal relationship is

recognised as a critical determinant of treatment outcomes rather than a peripheral factor. Such an approach has important implications for clinical practice, particularly in the design of interventions, counselling frameworks, and supportive therapies that actively involve spouses in the treatment process. However, the study is not without limitations. The reliance on self-report measures and the use of a cross-sectional research design restrict the ability to draw causal inferences and may be subject to response biases. Future research employing longitudinal and in-depth methodologies would be valuable in capturing the dynamic and evolving nature of these relationships over time, thereby providing a more comprehensive understanding of the interplay between social support, relational dynamics, illness perception, and treatment adherence.

References

Aprilianto, E., Lumadi, S. A., & Handian, F. I. (2021). Family social support and the self-esteem of breast cancer patients undergoing neoadjuvant chemotherapy. Public Health Research, 10(2), 2234.

BMC Psychology. (2025). Social relationship challenges perceived by cancer patients and survivors: A qualitative meta-synthesis. https://doi.org/10.1186/s40359-025-03294-8

Bradbury, T. N., Fincham, F. D., & Beach, S. R. H. (2000). Research on the nature and determinants of marital satisfaction: A decade in review. Journal of Marriage and Family, 62(4), 964–980. https://doi.org/10.1111/j.1741-3737.2000.00964.x

Broadbent, E., Petrie, K. J., Main, J., & Weinman, J. (2006). The Brief Illness Perception Questionnaire. Journal of Psychosomatic Research, 60(6), 631–637.

Griffin, J. M., Meis, L. A., MacDonald, R., Greer, N., Jensen, A., Rutks, I., & Wilt, T. J. (2014). Effectiveness of family and caregiver interventions on patient outcomes in adults with cancer: A systematic review. Journal of General Internal Medicine, 29(9), 1274–1282.

Revenson, T. A., & Majerovitz, S. D. (1991). The effects of illness on the spouse: Social resources as stress buffers. Arthritis Care & Research, 4(2), 63–72.

Csuka, S. I., Désfalvi, J., Konkolÿ Thege, B., Sallay, V., & Martos, T. (2023). Relationship satisfaction and self-esteem in patients with breast cancer. BMC Women's Health, 23(1), 377.

Faraci, P., & Bottaro, R. (2022). Association between perceived social support, illness perception, life orientation, life satisfaction, and quality of life within a sample of cancer patients. Healthcare, 10(10), 1962.

Fernandes, A. F. C., Cruz, A. M., Moreira, C. D. M., Santos, M. C. L., & Silva, T. (2014). Social support provided to women undergoing breast cancer treatment: A study review. Advances in Breast Cancer Research, 3(2), 38–45.

Fincham, F. D., & Beach, S. R. H. (2010). Marriage in the new millennium: A decade in review. Journal of Marriage and Family, 72(3), 630–649.

Gil, N., Fisher, A., Beeken, R. J., Pini, S., Miller, N., Buck, C., Lally, P., & Conway, R. (2022). The role of partner support for health behaviours in people living with and beyond cancer. Psycho-Oncology, 31(5), 826–834.

Greer, J. A., Amoyal, N., Nisotel, L., Fishbein, J. N., MacDonald, J., Stagl, J., & Pirl, W. F. (2016). A systematic review of adherence to oral antineoplastic therapies. Oncologist, 21(3), 354–376.

Hershman, D. L., Kushi, L. H., Shao, T., Buono, D., Kershenbaum, A., Tsai, W. Y., & Neugut, A. I. (2010). Early discontinuation and nonadherence to adjuvant hormonal therapy in a cohort of 8,769 early-stage breast cancer patients. Journal of Clinical Oncology, 28(27), 4120–4128.

Kayser, K., Acquati, C., & Reese, J. B. (2018). Couple-based communication interventions for cancer patient–spousal caregiver dyads' psychosocial adaptation to cancer: A systematic review. Psycho-Oncology, 27(1), 22–31.

Kim, H., & Kim, E. (2019). Illness perception and sense of well-being in breast cancer patients. Patient Preference and Adherence, 13, 1557–1566.

Langer, S. L., Brown, J. D., Syrjala, K. L., Keefe, F. J., & Benyamini, Y. (2018). Links between communication and relationship satisfaction among patients with cancer and their spouses. Frontiers in Psychology, 9, 1843.

Leventhal, H., Meyer, D., & Nerenz, D. (1980). The common sense representation of illness danger. In S. Rachman (Ed.), Contributions to Medical Psychology (Vol. 2, pp. 7–30). Pergamon.

Manne, S., & Badr, H. (2008). Intimacy and relationship processes in couples' psychosocial adaptation to cancer. Cancer, 112(S11), 2541–2555.

Max Healthcare. (2023). The six most common cancers in India. https://www.maxhealthcare.in/blogs/six-most-common-cancers-india

Mehnert, A., Hartung, T. J., Friedrich, M., Vehling, S., Brähler, E., Härter, M., & Ernst, J. (2019). Impact of social support on psychosocial symptoms and quality of life in cancer patients. Acta Oncologica, 58(5), 700–708.

Melguizo-Garín, M., Martos-Méndez, M. J., & Hombrados-Mendieta, I. (2022). The importance of social support, optimism and resilience on the quality of life of cancer patients. Frontiers in Psychology, 13, 833176.

Morgan, M. A., Small, B. J., Donovan, K. A., Overcash, J., & McMillan, S. (2011). Cancer patients with pain: The spouse/partner relationship and quality of life. Cancer Nursing, 34(1), 13–23.

Nizet, A., Laffitte, A. M., Mahe, C., Guirimand, F., Ducousso, A., & Joly, F. (2022). Exploring the factors influencing adherence to oral anticancer drugs in patients with digestive cancer. Supportive Care in Cancer, 30(5), 4423–4432.

Procidano, M. E., & Heller, K. (1983). Measures of perceived social support from friends and from family. American Journal of Community Psychology, 11(1), 1–24.

Rozema, H., Völlink, T., & Lechner, L. (2009). The role of illness representations in coping and health of patients treated for breast cancer. Psycho-Oncology, 18(8), 849–857.

Shen, A., Qiang, W., Wang, Y., & Chen, Y. (2020). Quality of life among breast cancer survivors with triple negative breast cancer. Health and Quality of Life Outcomes, 18(1), 148.

Tian, X., Jin, Y., Chen, H., Tang, L., & Jiménez-Herrera, M. F. (2021). Relationships among social support, coping style, perceived stress, and psychological distress in Chinese lung cancer patients. Asia-Pacific Journal of Oncology Nursing, 8(2), 172–179.

Triandis, H. C. (1995). Individualism and collectivism. Westview Press.

World Cancer Research Fund. (2022). Cancer statistics. https://www.wcrf.org/cancer-trends/worldwide-cancer-data/

World Health Organisation. (2003). Adherence to long-term therapies: Evidence for action. WHO.

World Health Organisation. (2024). Cancer. https://www.who.int/news-room/fact-sheets/detail/cancer

Yaner, A., Sukartini, T., Kristiawati, K., & Maulana, I. (2020). Family support and medication adherence in cancer patients. Nursing Open, 7(3), 120–125.

DiMatteo, M. R. (2004). Social support and patient adherence to medical treatment: A meta-analysis. Health Psychology, 23(2), 207–218.

Sabate, E. (Ed.). (2003). Adherence to long-term therapies: Evidence for action. World Health Organisation.

Thakur, J. S., Prinja, S., Garg, C. C., Mendis, S., & Menabde, N. (2020). Social and economic implications of noncommunicable diseases in India. Indian Journal of Community Medicine, 36(Suppl 1), S13–S22.

Triandis, H. C. (1995). Individualism and collectivism. Westview Press.

Verbrugghe, M., Verhaeghe, S., Lauwaert, K., Beeckman, D., & Van Hecke, A. (2013). Determinants and associated factors influencing medication adherence and persistence to oral anticancer drugs: A systematic review. Cancer Treatment Reviews, 39(6), 610–621.

Zhang, Y., Wang, Y., Li, R., Sun, Z., & Li, Q. (2024). The illness perceptions and coping experiences of patients with colorectal cancer and their spousal caregivers. European Journal of Oncology Nursing, 66, 103429