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*Maria Vasilopoulou, Christos Pezirkianidis, Evangelia Zouli, Theodora Floraki, Evangelos C. Karademas, Kalliopi Kounenou*

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## ΕΜΠΕΙΡΙΚΗ ΕΡΓΑΣΙΑ | RESEARCH PAPER

# Optimism and family resilience in cancer patient-partner dyads: A prospective study

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## KEYWORDS

Cancer  
Couple  
Optimism  
Family resilience  
Well-being

## ABSTRACT

Cancer often affects both patients and their partners. This prospective study aims to examine the role of optimism and family resilience in well-being and relationship quality in a sample of oncology patients and their partners. This longitudinal study included 96 cancer patients (N=48, M=56.56 years) and their partners (N=48, M=55.66 years). Data were collected using self-report scales measuring demographic characteristics, optimism (GrLOT-R), family resilience (WFRQ), well-being (PERMA Profiler), and relationship quality (QMI). The Actor-Partner Interdependence Model (APIM) was applied using the APIM\_SEM web application to analyze dyadic relationships. In most cases, optimism and family resilience in both patients and their partners were positively associated with individual well-being and relationship quality. Patient family resilience was positively correlated with their partner's well-being, whereas a negative relationship was observed between partner family resilience and patient well-being. Optimism had no dyadic effect on well-being or relationship quality. These findings highlight that family resilience, especially, contributes positively to well-being and relationship quality at both individual and interpersonal levels, even amid critical life events such as cancer. Future research could further explore the role of optimism, the role of partners, gender roles, or illness representations to clarify the observed differences between patients and their partners.

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Cancer has profound effects not only on patients but also on their loved ones, extending beyond the individual to impact close relationships. Psychological distress, diminished quality of life, and lower relationship satisfaction are among these effects (Ruiz-Marin et al., 2021), underscoring cancer's nature as an interpersonal experience—a "we-disease" (Kayser et al., 2007; Leuchtman & Bodenmann, 2017). Partners, often the primary informal caregivers (Staff et al., 2017), are particularly affected and seem to adopt a "mutual identity" with the patient, sharing a common understanding of the illness (Badr et al., 2010; Helgeson et al., 2018). Thus, how couples experience cancer becomes a critical factor for the health and well-being of both partners (Ruiz-Marin et al., 2021; Wang et al., 2021).

Optimism and family resilience are two psychological constructs serving as protective factors against adversity, both in the general population and among subgroups experiencing critical life events, such as oncology patients and their partners (Cerezo et al., 2022; Chen, Wang et al., 2021; Öcal et al., 2022). Optimism, as an individual trait, plays a crucial role in stress regulation and fosters the maintenance of positive expectations for

the future (Scheier & Carver, 2014), thereby enhancing well-being and strengthening family dynamics (Butner-Kozimor & Savla, 2021; Cerezo et al., 2022). On the other hand, family resilience operates at an interpersonal level, providing a supportive environment that enhances the couple's quality of life and empowers the dyad to navigate the challenges of illness (Shao et al., 2023; Walsh, 2015). A common thread is their positive impact on both individual and interpersonal levels within the context of couples experiencing cancer. In this light, the present study explores the role of these two variables, highlighting how individual and relational psychological resources contribute to the well-being and relationship quality of cancer patient-partner dyads.

### ***Well-being in the context of cancer experience***

Subjective well-being is a multidimensional concept encompassing perceptions of various aspects of life, integrating positive and negative experiences, emotions, attitudes, and perspectives (Efklides & Moraitou, 2013).

Within Positive Psychology, well-being is not merely defined as the absence of negative emotions but as a multidimensional state encompassing various psychological and emotional factors (Butler & Kern, 2016). This perspective is particularly relevant in oncology, where, alongside the physical burden of illness and treatment, patients experience intense psychological distress, including symptoms of depression, anxiety, and stress, which can severely impact their well-being (Kim et al., 2021; Zhao et al., 2022). However, many patients sustain positive emotions, supported by optimism, psychological resilience, self-esteem, and self-efficacy, which enhance both their well-being and their overall quality of life (Bao et al., 2017; Pitichat et al., 2018; Zhao et al., 2022).

Cancer also profoundly affects patients' close relationships, particularly with their caregivers, such as partners. Compared with other informal caregivers, spouses often face greater psychological distress (Nakaya et al., 2017), symptoms of depression, stress-related disorders (Hu et al., 2023), social isolation, and a decline in physical health and overall quality of life (Mbozi et al., 2020; Oldenkamp et al., 2016). However, spouses also recognize positive aspects of their caregiving role, including a deeper appreciation of the relationship, companionship, increased spiritual well-being, more time spent with spouse and family, improved relationship dynamics, and an enhanced sense of purpose in life (Donison et al., 2022).

Cancer experience shapes the dynamics of a romantic relationship, introducing both challenges and opportunities for growth. While strong romantic relationships often can buffer psychological distress and improve cancer-related outcomes, cancer often imposes significant strain on the couple (Drabe et al., 2013; Valente et al., 2021). Negative changes may arise in communication (Hasson-Ohayon et al., 2022), intimacy (Valente et al., 2021), financial stability (Kroll et al., 2022), and couples' roles and responsibilities (Dankoski & Pais, 2007), sometimes leading to increased conflict or even relationship dissolution (Zahedi et al., 2024). Nevertheless, couples who maintain intimacy, adopt dyadic coping strategies, and provide mutual support are more likely to report higher levels of relationship functioning and overall well-being (Valente et al., 2021).

### ***Optimism and adaptation to illness***

Optimism is a personality trait associated with improved overall health and well-being in cancer patients (Cerezo et al., 2022; Chen, Gong, et al., 2021; Rasmussen et al., 2006). Specifically, dispositional optimism (Scheier & Carver, 1985) refers to a cognitive aspect of personality characterized by positive expectations for future outcomes (Carver & Scheier, 2014). Optimistic individuals generally anticipate positive events, exhibit greater confidence in managing challenges, and persist in their goals. These traits foster adaptive behaviors in stressful situations, promoting positive emotions and higher well-being (Carver & Scheier, 2001, 2014; Rasmussen et al., 2006).

Optimism is a strong predictor of better health outcomes (Rasmussen et al., 2017). Among oncology patients, it is associated with improved quality of life, lower perceived risk of disease progression, and higher survival rates (Applebaum et al., 2014; Allison et al., 2003; McGregor et al., 2004). An optimistic outlook helps patients adhere to treatment requirements (Kim et al., 2017), reduces anxiety and depression (Fasano et al., 2020; Fischer



et al., 2018), and enhances social relationships by fostering social support and emotional well-being (Rand et al., 2011). Caregivers likewise benefit, with optimism acting as a protective factor, reducing the risk of depressive symptoms, promoting better mental health (Atienza et al., 2002), and greater psychological adaptation to caregiving demands (Díaz et al., 2020).

Optimism is not merely a superficial attitude but a realistic and proactive perspective rooted in personal effort and the maintenance of hope (Scheier & Carver, 1992). Optimists tend to employ more effective emotional regulation strategies, possess higher self-esteem, and adopt health-promoting habits (Carver & Scheier, 2001). These behaviors contribute, directly and indirectly, to well-being by enhancing self-regulation, fostering positive mood, and improving stress-coping mechanisms (Symister & Friend, 2003).

From a dyadic perspective, the individual and relational characteristics of one partner significantly influence and predict the health and overall well-being of the other (Jokela et al., 2014; Orth, 2013). More specifically, regarding optimism, several studies confirm its positive association with the well-being of both patients and their partners (Chopik et al., 2018; Karademas & Thomadakis, 2020; Otto et al., 2015). The dyadic adaptation of couples has been observed not only in cases of cancer (Otto et al., 2015) but also in other chronic illnesses, such as autoimmune disorders (Karademas et al., 2017), cardiovascular diseases (Karademas & Thomadakis, 2020), and stroke (Chung et al., 2016; Chung et al., 2022). Optimism fosters supportive behaviors and positive views of the relationship, even in conflict, contributing to more constructive interactions and favorable relationship outcomes (Butner-Kozimor & Savla, 2021; Karademas, 2022; Srivastava et al., 2006).

### ***Relationship quality and cancer coping***

Relationship quality refers to individuals' positive or negative perceptions of their relationships (Morry et al., 2010). The quality of close relationships significantly impacts various aspects of health, mortality risk, and the development and severity of illnesses (Holt-Lunstad et al., 2010; Holt-Lunstad et al., 2017; Robles et al., 2014). Research indicates that individuals in satisfying relationships exhibit better psychological and physical health than those who are dissatisfied with their marriage, divorced, or single (Holt-Lunstad et al., 2008; Janicki et al., 2005; Ryan et al., 2014).

Among married cancer survivors, high relationship satisfaction is associated with lower levels of anxiety, depressive symptoms, and fatigue following treatment (Shrout et al., 2021). Positive relational factors, such as responsiveness, self-disclosure, emotional support, and capitalization of positive events, contribute to improved relationship quality and better health outcomes (Kiecolt-Glaser et al., 2020; Farrell & Simpson, 2017; Slatcher & Selcuk, 2017). Conversely, low psychological resilience is linked to poor marital relationships in couples where one partner has cancer (Ding et al., 2021; Feng et al., 2020).

At the same time, higher relationship quality among caregivers of cancer patients is associated with better family functioning and reduced social anxiety (Litzelman et al., 2016). Relationship quality also serves as a protective factor for spouses adjusting to illness, shaping their shared understanding of the disease and, in turn, enhancing their overall well-being (Karademas, 2014). Furthermore, couples with strong relationship quality have been shown to manage illness more effectively, demonstrating greater resilience and collaboration in coping with its challenges (Rottmann et al., 2015).

### ***Family resilience in the context of cancer***

Psychological resilience is the ability to recover and grow through challenging situations (Luthar et al., 2000). In the family context, this concept has evolved into family resilience, introduced by McCubbin and expanded by Walsh (1996, 1998). Defined as the family's collective capacity to cope with stressful conditions and emerge even stronger, family resilience is shaped by three primary processes: the family's belief system, organizational patterns, and communication processes (Walsh, 2015). Through these mechanisms, family members shape their responses to adversity based on shared beliefs, values, and practices (Walsh, 2012).

Cancer, as a major life stressor, affects both individual and family resilience. Evidence shows that family resilience fosters positive adaptation to a cancer diagnosis (Shao et al., 2023), enhancing patients' and caregivers' quality of life (Li et al., 2019; Shao et al., 2023; Tao et al., 2023), reducing fear of cancer recurrence (Hu et al., 2021), alleviating negative emotions (Brivio et al., 2021), and strengthening family communication and positivity among caregivers (Shin et al., 2019). It also supports treatment adherence, eases caregiving burden, and reinforces resilience within the family unit (Li et al., 2018; Liu et al., 2018). Factors such as post-traumatic growth (Liu et al., 2018), hope (Lin et al., 2022), and self-efficacy (Ma, 2021) are positively associated with family resilience. Conversely, lower family resilience is linked to greater uncertainty and despair among cancer patients, as well as increased psychological distress, anxiety, and depression among caregivers (Brivio et al., 2021; Chen, Wang et al., 2021; Shao et al., 2023).

From a dyadic perspective, higher psychological resilience in partners is associated with better patient quality of life (Wang et al., 2021). Additionally, a negative relationship has been observed between patients' post-traumatic stress and caregivers' perceived family resilience (Yan et al., 2021), while higher family resilience correlates positively with patients' perceived social support (Chen, Wang et al., 2021). These findings suggest that partners' family resilience has an indirect influence on patients' adjustment to illness. Moreover, research by Chen and colleagues (2023) highlights the significant effects of partners' self-disclosure, stress coping, and proactive behaviors on family resilience in gynecological cancer patients. Similarly, individual family resilience has been linked to a better quality of life (Ke et al., 2023; Kim & Ahn, 2022); however, no significant effect was found on partners' quality of life (Ke et al., 2023). Nonetheless, dyadic resilience in the context of cancer has notable positive effects on marital adjustment, benefiting both the active partner and the supportive partner (Ke et al., 2023).

Despite the growing body of research highlighting the importance of a dyadic approach and the role of partners in the context of cancer, significant gaps remain in the literature. Recent studies call for a deeper investigation into how specific dyadic processes and relational factors shape the well-being of patients, partners, and couples as a unit (Castro et al., 2024; Shao et al., 2023). Outcomes of several clinical interventions also remain unclear, highlighting the necessity for further research to enhance the understanding of couple dynamics in cancer (Zahedi et al., 2024; Zhou et al., 2023). Considering these gaps, this study advances existing knowledge by exploring the interplay between individual, partner, and couple-related factors in association with individual and relational outcomes. Specifically, it examines how optimism and family resilience influence both partners' well-being and relationship quality. Furthermore, it emphasizes the significance of positive psychological resources—not just risk factors—in the adaptation process to illness. Ultimately, this study aims to provide new insights into oncology dyads by exploring how optimism and family resilience emerge within the couple's relationship and contribute to well-being and relationship quality.

### ***The present study***

Studies have shown that family resilience is associated with well-being and relational constructs, including family commitment and social support in the context of cancer (Qiu et al., 2024; Yang et al., 2024). Family resilience is one of the few positive relational factors that place the family in the forefront in a challenging situation (Walsh, 2015). Additionally, optimism has been identified as the strongest predictor of family resilience (Duncan et al., 2021), and a recent study suggested that optimism should be explored more in the context of a partner's adaptation to illness (Karademas & Thomadakis, 2020). Therefore, this study aims to examine the relation of optimism and family resilience to well-being and relationship quality of cancer patients and their spouses. Optimism and family resilience are significant indicators exploring a holistic view of adaptation to cancer, facilitating both self-regulation and relational adjustment in couples experiencing cancer. While other factors equally important (e.g., dyadic coping, social support) were found to influence outcomes in couples experiencing cancer (Bodschwinna et al., 2021; Kayser & Acquati, 2019); optimism and family resilience, having already a



strong relationship between them, will help explore, addressing both individual and relational factors, the processes that contribute to adaptation to illness through a dyadic perspective in cancer patient-partner dyads.

Based on previous research, optimism has been found to be positively associated with well-being, both in the general population (Kim et al., 2014; Öcal et al., 2022) and among individuals facing life-altering events, such as cancer (Fasano et al., 2020; Fischer et al., 2018). Thus, we hypothesize that participants' optimism will be positively correlated with their personal well-being. Similarly, family resilience has been shown to enhance the quality of life for both cancer patients and their caregivers (Li et al., 2019; Tao et al., 2023). Therefore, we expect that participants' family resilience will be positively associated with their well-being.

The study also adopts a relational perspective, exploring the quality of couples' relationships. Optimism has been associated with more satisfying social relationships and higher levels of social support (Rand et al., 2011; Vollmann et al., 2011), leading us to hypothesize that optimism will be positively related to the relationship quality of the participants. We expect a similar positive relationship between family resilience and relationship quality (Ke et al., 2023). Additionally, given that couples jointly face and adapt to stressful conditions such as cancer (Bodenmann, 2005), we hypothesize that one partner's optimism will predict the well-being and relationship quality of the other partner. Similarly, we expect that one partner's family resilience will positively influence the well-being and relationship quality of the other partner.

## Method

### *Participants*

The study sample consisted of oncology patients and their partners. Purposive sampling was used, and participants were required to meet the following criteria: they had to be at least 18 years old, in a relationship for at least six months, and, in the case of patients, diagnosed with neoplasia and at the beginning of a treatment cycle at the time of the study.

The final sample comprised 96 individuals, including 48 patients and their partners, with ages ranging from 20 to 85 years ( $M = 57.18$ ,  $SD = 13.34$ ). The majority of participants were married (82.1%), and the duration of their relationships ranged from 8 to 56 years. The average age of patients was 56.56 years ( $SD = 13.72$ ,  $Min = 21$ ,  $Max = 79$ ), while the average age of partners was 55.66 years ( $SD = 12.18$ ,  $Min = 20$ ,  $Max = 80$ ).

Regarding education levels, most patients were high school graduates (41.7%), followed by those who had completed compulsory education (29.2%). A similar distribution was observed among partners, with 37.5% being high school graduates and another 37.5% having completed compulsory education. Regarding economic status, the majority of participants rated their situation as either good (patients: 39.6%; spouses: 33.3%) or average (patients: 39.6%; spouses: 41.7%), which indicates that the sample primarily reflected middle-income households.

Finally, the most prevalent cancer diagnoses among patients were lung (20.8%), gastrointestinal (19.8%), and breast cancers (18.8%), while other cancer types, such as reproductive system, kidney, hematological, bladder, and brain cancers, were also present. Regarding treatment, most patients were receiving a combination of therapies (66.7%), while smaller proportions were treated with chemotherapy alone (17.8%) or radiotherapy/other treatments alone (15.5%). A detailed breakdown of the participants' demographic characteristics and disease-related information is presented in Table 1.

### *Measures*

Life Orientation Test-Revised Scale (GrLOT-R. Scheier et al., 1994. Greek version: Lyrakos et al., 2009): The LOT-R assessed optimism and life orientation. It consists of 10 self-report items: three presented as positive indicators of optimism, three as negative indicators, and the remaining four served as fillers. Participants respond on a five-

point Likert scale ranging from 0 (strongly agree) to 4 (strongly disagree). In this study, Cronbach's alpha was  $\alpha=.69$  for the patient sample and  $\alpha=.67$  for the partner sample.

**Table 1.** *Socio-demographic Data and Disease-related Characteristics of Patients (N=48) and Spouses (N=48)*

Variables	Patients	Spouses
Age	56.56 (SD=13.72, Min=21, Max=79)	55.66 (SD=12.18, Min=20, Max=80)
Sex	Men: 58.3% Women: 41.7%	Men: 43.8% Women: 56.3%
Marital status	Unmarried: 25% Married: 72.9%	Unmarried: 20.8% Married: 77.1%
Education level	Compulsory education graduate: 29.2% High school graduate: 41.7% Higher education student: 12.5% Higher education graduate: 8.3% Master's degree: 6.3% Phd: 2.1%	Compulsory education graduate: 37.5% High school graduate: 37.5% Higher education student: 8.3 % Higher education graduate: 6.3% Master's degree: 8.3% Phd: 2.1%
Economic status	Very good: 8.3% Good: 39.6% Average: 39.6% Poor: 12.5%	Very good: 12.5% Good: 33.3% Average: 41.7% Poor: 8.3%
Cancer diagnosis	Lung cancer: 20.8% Gastrointestinal cancer: 19.8% Breast cancer: 18.8% Reproductive system cancer: 11.3% Kidney cancer: 6.3% Hematological cancer: 6.3% Bladder cancer: 4.2% Brain cancer: 2.1% Others: 10.4%	
Treatment	Chemotherapy: 17.8% Radiotherapy or other treatments alone: 15.5% Combination of therapies: 66.7%	

Family Resilience Questionnaire Walsh (WFRQ. Walsh, 2015. Greek version: Μπούκκα, 2016; Aivalioti & Pezirkianidis, 2020): The Family Resilience Questionnaire by Froma Walsh (2015) assesses resilience and stress-recovery characteristics within the family system. It consists of 32 self-report statements, and the Greek adaptation includes six factors (coping strategies, communication in problem-solving, organizational models, belief systems, social support networks, and financial support sources). Participants rate the degree to which each statement represents them using a five-point Likert scale (0 = Rarely/Never to 4 = Almost Always). For this study, only the overall score was used. Cronbach's  $\alpha$  was .96 for both patients and partners.



Quality of Marriage Index (QMI, Norton, 1983, Greek version: Stalikas et al., 2002): This scale assessed general marital or relationship satisfaction and quality. It includes six self-report items (e.g., "Our marriage/relationship is strong"), using a seven-point Likert scale where responses range from 1, indicating "Strongly Disagree," to 7, indicating "Strongly Agree" for the first five items. Additionally, participants answer a ten-point Likert scale ranging from "Extremely Dissatisfied" to "Completely Happy" for the final item, which measures overall satisfaction with their marriage or relationship. Cronbach's alpha was  $\alpha = .92$  for the patient sample and  $\alpha = .93$  for the partner sample.

PERMA Profiler (Butler & Kern, 2016, Greek version: Pezirkianidis et al., 2021): The PERMA Profiler was used in this study to assess overall well-being. The questionnaire measures five key dimensions of well-being based on Seligman's (2011) theory –positive emotions, engagement, positive relationships, meaning, and accomplishment– but only the overall well-being score was analyzed in this study. It consists of 23 self-report items, rated on an eleven-point Likert scale (0–10). Cronbach's alpha was  $\alpha = .91$  for the patient sample and  $\alpha = .75$  for the partner sample.

### **Procedure**

The questionnaires were administered in the Department of Medical Oncology and Internal Medicine of two hospitals in Patras: the University General Hospital of Patras and the General Hospital "Agios Andreas," as well as through the Association of Women with Breast Cancer "Alma Zois." The research team informed the nursing staff about the study and provided training on the data collection process. The nursing staff then individually approached patients and their partners who met the participation criteria. During these individual interactions, detailed information about the study's purpose and procedures was provided, and written consent was obtained. The questionnaires were administered in person, ensuring that each partner completed them separately in a private setting. In cases where the patient was not accompanied by their partner, a telephone call was made to arrange a meeting during their next hospital visit. At "Alma Zois," the questionnaires were administered by the association's psychologist, who had been thoroughly briefed on the study and its procedures.

Two assessments were conducted to examine the predictive role of optimism and family resilience on well-being and relationship quality. The first assessment took place at the beginning of a treatment cycle, during which optimism and family resilience were evaluated. Optimism was assessed as a relatively stable personality trait (Schou et al., 2005), whereas family resilience was assessed as a relational capacity that couples mobilize in response to illness-related challenges (Shao et al., 2023). Measuring these factors at baseline enabled us to capture the interplay of individual dispositions and family-level resources that patients and partners bring into challenging situations, such as the beginning of the treatment process, and to examine how they influence subsequent adaptation. The second assessment was conducted 30 to 45 days after the completion of the treatment cycle to assess the well-being and relationship quality of the couples. This time interval was selected to allow the impact of treatment demands and stressors to emerge, thus making it possible to examine whether baseline levels of optimism and family resilience predicted later outcomes. The duration of the treatment cycle varied depending on the type of cancer and the individualized treatment approach determined by the attending physician. Consequently, data collection for the second phase was adjusted accordingly.

The study received approval from the Ethics Committee of the Department of Special Education at the University of Thessaly (No 2/09-05-2023).

### **Statistical analyses**

Descriptive statistics were applied to gain a comprehensive understanding of the dataset. Next, the analysis proceeded with inferential statistical methods, including correlation analyses, t-tests, one-way analyses of variance (ANOVA), and post hoc comparisons (Bonferroni) to identify significant differences observed through the ANOVA. When deviations from normal distribution were detected, appropriate non-parametric tests were

used: the Mann-Whitney test for independent samples, the Wilcoxon test for dependent samples, and the Kruskal-Wallis (H) test. The data were analyzed using IBM SPSS Statistics for Windows, version 26.0.

Additionally, the Actor-Partner Interdependence Model (APIM) (Kenny, 1996; Kenny et al., 2006) was used to examine the dyadic effects of optimism and family resilience on well-being and relationship quality. APIM assesses how an individual's independent variable is associated with their own dependent variable (actor effect) and how it impacts their partner's dependent variable (partner effect). Variables such as type of cancer, stage type, and treatment were controlled to examine the non-independence of outcome variables. The sample size calculation was conducted using G\*Power (version 3.1.9.7) for the minimum sample size (Cohen, 1988). The alpha level was set at  $\alpha < .05$  with a power of .8, resulting in a required sample size of  $N=86$  participants to detect a medium effect size ( $f^2 = 0.35$ ). For the analysis of dyadic relationships, the web-based tool APIM\_SEM by Stas et al. (2018) was employed, which automates the necessary statistical processes using structural equation models (Rosseel, 2012).

## Results

### *Preliminary results*

An investigation of statistically significant differences between the two genders in each group was conducted using the t-test and the Mann-Whitney non-parametric test for independent samples. A statistically significant difference was found in partner optimism [ $t(46) = 2.092, p = .042$ ]. Specifically, male partners showed higher levels of optimism ( $M=38.95, N=21$ ) compared to female partners ( $M=35.77, N=27$ ). No other statistically significant differences concerning gender were found between the examined variables.

Applying ANOVA, the only comparison that yielded statistical significance was the relationship between the partner's economic status and their level of optimism, with economic status significantly affecting partner optimism [ $F(3, 44) = 2.951, p = .043$ ]. Post-hoc tests showed a statistically significant difference only between moderate and poor economic status regarding partner optimism, with a difference of .033 ( $p = .05$ ). Additionally, no statistically significant correlation was observed between the duration of the couples' relationships and any other research variables. Regarding age, a statistically significant negative correlation was found between age and partner well-being, indicating that age affects, albeit slightly ( $\rho = -.296$ ), the well-being of the oncology patient's partner.

The correlations among all study variables are presented in Table 2. Spearman rho correlations among the study variables showed significant positive associations. Patient optimism was positively correlated with their family resilience, well-being, and relationship quality, both their own and their partner's. Similarly, partner optimism showed positive correlations with family resilience, relationship quality, and well-being, as well as with the patient's perceived family resilience. Both patient and partner family resilience were positively correlated with all variables. The patient's perceived relationship quality was significantly and positively correlated with all variables, showing a high correlation with the partner's relationship quality ( $\rho = .75$ ). However, the patient's relationship quality did not correlate with partner optimism ( $\rho = .26$ ). The well-being of patients and partners was also positively correlated. Finally, no statistically significant correlation was found between optimism and well-being at the patient-partner level.

### *Dyadic effects of optimism and family resilience*

Regarding the APIM results, Figure 1 illustrates the dyadic effects of optimism on participants' well-being and relationship quality. Initially, it was observed that partner optimism is statistically significantly correlated with patient optimism. Subsequently, it was shown that partner optimism positively and significantly predicts their own well-being at the second time point ( $b = .28, p < .05$ ) and perceived relationship quality ( $b = .37, p <$

.01), while patient optimism positively and significantly predicts their own well-being ( $b = .36, p < .05$ ) and perceived relationship quality ( $b = .35, p < .05$ ). No other actor-partner effects were detected.

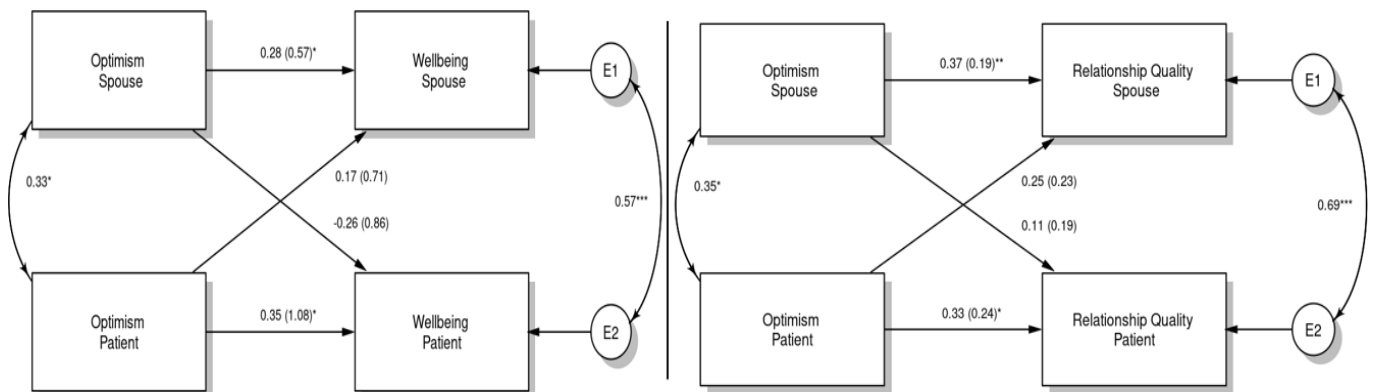
Correspondingly, the dyadic effects of family resilience on the well-being and quality of the couple's relationship are presented in Figure 2. The patient's perceived family resilience positively predicts their own well-being at the second time point ( $b = .73, p < .001$ ), as well as the partner's well-being ( $b = .04, p < .05$ ).

**Table 2.** Correlation analysis between the main variables

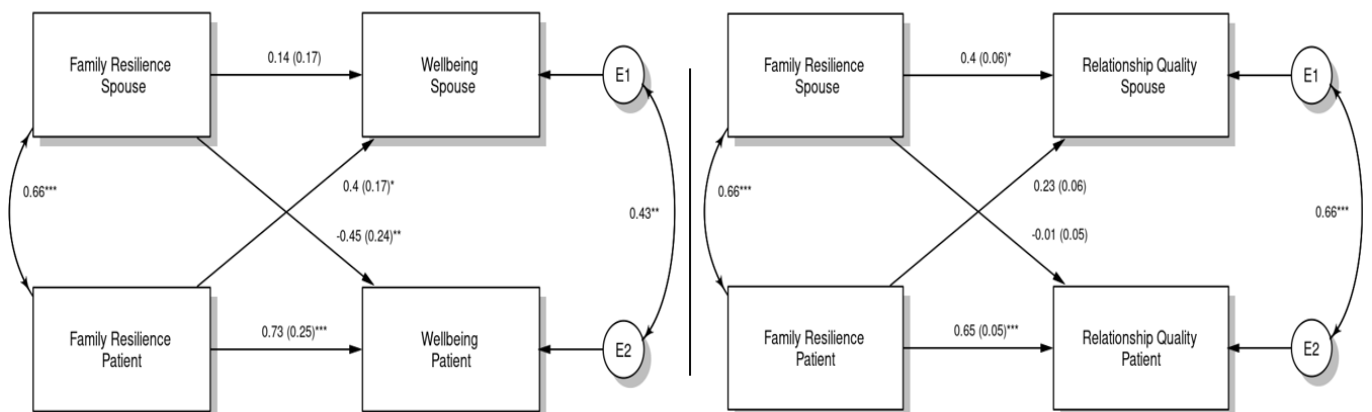
Variables	1	2	3	4	5	6	7	8
1. Patient Optimism	1.00							
2. Spouse Optimism	.266	1.00						
3. Patient Family Resilience	.360*	.355*	1.00					
4. Spouse Family Resilience	.234	.327*	.605**	1.00				
5. Patient Relationship Quality	.354*	.262	.589**	.373**	1.00			
6. Spouse Relationship Quality	.337*	.417*	.510*	.606*	.754**	1.00		
7. Patient Wellbeing	.305*	-.117	.445*	.032	.514**	.354*	1.00	
8. Spouse Wellbeing	.230	.306*	.417**	.398**	.511**	.686**	.498**	1.00

\*Note. \* $p < .05$ , \*\* $p < .01$

**Figure 1.** The dyadic effects of optimism on well-being and relationship quality. \* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$



**Figure 2.** The dyadic effects of family resilience on well-being and relationship quality. \* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$



From the partner's perspective, partner family resilience significantly predicts the patient's well-being ( $b = -.045, p < .01$ ), although partner family resilience does not appear to predict their own well-being ( $b = .14$ ). According to the analysis, there is no evidence supporting the dyadic relationship of family resilience on relationship quality in either the patient or partner sample. However, the following significant effects emerged: the partner's family resilience significantly predicts their own perceived relationship quality ( $b = .4, p < .05$ ), and similarly, the patient's family resilience significantly predicts their own perceived relationship quality ( $b = .65, p < .001$ ).

## Discussion

This study, adopting a dyadic perspective, examines the relationship between optimism, family resilience, relationship quality, and well-being among cancer patients and their partners. The goal is to explore how these factors impact each individual and their partner within the dyad. Additionally, potential associations with sociodemographic factors and patient characteristics, such as cancer type, disease stage, and treatment approach, are analyzed.

According to the first research hypothesis, both patient and partner optimism at the beginning of a treatment cycle predicts their own well-being at the cycle's completion. Previous studies indicate that optimism, both as a personality trait and as an element of well-being, undeniably predicts better health outcomes (Carver et al., 2010; Rasmussen et al., 2017). This finding has implications for oncology patients (Allison et al., 2003; Applebaum et al., 2014) and those with other chronic diseases. For example, Karademas et al. (2020) demonstrated this positive relationship in a sample of patients with cardiovascular diseases. Specifically, optimism positively predicts emotional well-being and positive affect among patients, a pattern also observed in partners. Similarly, longitudinal research by Butow et al. (2014) found that caregiver spouses' levels of optimism were associated with their psychological well-being, indicating that higher optimism levels correlate with better psychological outcomes. These findings suggest that optimism may help individuals create and maintain a more effective self-regulation mechanism, allowing them to persist in managing challenges and reinforcing confidence in their abilities. This positive outlook leads to more effective stress-coping strategies and may serve as a pathway through which optimism contributes to overall well-being (Carver & Scheier, 2014; Karademas & Thomadakis, 2020; Scheier & Carver, 1985). The tendency of optimistic individuals to adopt adaptive stress-coping strategies that effectively reduce anxiety may, ultimately, have a positive effect on overall health and well-being.

In addition, the present study revealed a gender-related difference in optimism among partners, with male partners reporting significantly higher optimism than female partners. This difference may reflect variations in social constructions of gender roles that could shape caregiving dynamics. Previous research indicates that men often perceive caregiving as enhancing their self-esteem (Kim et al., 2007) and experience both greater closeness and heavier responsibility in this role (Ussher et al., 2013). Moreover, male caregivers are more likely to adopt problem-solving and 'protector' approaches within the family (Anjos et al., 2012; Chin et al., 2025), which may strengthen their sense of control and foster a more optimistic stance compared to female caregivers. Taken together, these findings underline the importance of considering gendered patterns of caregiving when interpreting differences in optimism within oncology dyads.

Beyond individual differences, optimism is associated with stronger social bonds and more satisfying and supportive relationships (Rand et al., 2011; Vollmann et al., 2011). Similarly, in this study, optimism was found to positively correlate with perceived relationship quality among both patients and their partners, confirming the second research hypothesis. From the perspective of Carver and Scheier's self-regulation model (Carver & Scheier, 1998; Scheier et al., 2001), optimism plays a central role in maintaining goal-directed behaviors in the face of adversity or challenges. Since many partnerships encounter periods of conflict and stress, such as dealing with cancer, it could be argued that individuals with higher optimism levels are more willing to invest in their relationships, thereby enhancing perceived relationship quality (Rand et al., 2011).



Family resilience, the second independent variable in this study, was found to positively predict both well-being and perceived relationship quality in patients. The protective role of family resilience is widely recognized in studies examining the family system, such as research by Li et al. (2019) and Shin et al. (2019), where resilience promotes quality of life and strengthens positivity among cancer patients and their partners. These findings also align with the research of Cihan and Aydogan (2020), which concluded that relational resilience in both patients and their partners is the strongest predictor of marital adjustment. For partners, although family resilience consistently showed a positive relationship with perceived relationship quality, it did not support a similar link between family resilience and well-being. This result is likely due to the significant challenges faced by cancer caregivers, as they constitute a heavily burdened group with increased caregiving responsibilities and psychological distress as the disease progresses (Butow et al., 2014; Zhang & Bennett, 2024). Thus, while perceived family resilience positively impacts partners' perceived relationship quality, their well-being remains more stable.

In examining the dyadic effects of the variables, some hypotheses were confirmed while others were not. Initially, the hypothesis that patients' optimism would predict their partners' well-being, and vice versa, was not confirmed. Although this finding contradicts prior data (Chopik et al., 2018; Karademas & Thomadakis, 2020; Otto et al., 2015), it may suggest a more complex relationship between optimism and well-being among cancer patients and their spouses. Similar results were found by Karademas and Thomadakis (2020), who noted that partner optimism does not relate to well-being or positive emotions in cardiac patients. Comparable findings were also observed regarding illness representations among autoimmune disease patients (Karademas et al., 2017). Taken together, these findings suggest that optimism may be primarily an intrapersonal resource that strengthens one's own coping, adjustment, and psychological resilience (Carver & Scheier, 2014; Cerezo et al., 2022) rather than as a consistently dyadic one. At the same time, the absence of partner effects could reflect disparities in expectations and roles between patients and spouses-caregivers (Giannousi et al., 2023). Patients primarily contend with the physical and psychological burden of illness (Kim et al., 2021), whereas spouses must balance caregiving responsibilities with their own emotional adaptation (Mbozi et al., 2020). Thus, while optimism appears to have holistic benefits for both patients and their spouses (Díaz et al., 2020; Fasano et al., 2020), its expression and impact may remain confined mainly to the individual level, as each member of the dyad needs to adapt to distinct challenges and different external stressors relevant to their respective roles.

Patient family resilience significantly predicted their partner's well-being. The protective role of family resilience in the couple's dyad is validated in the literature, emphasizing the family's direct impact on each member's individual psychosocial characteristics (Vahia et al., 2012). Additionally, partner well-being appears to be influenced by both their perceptions of the illness and tangible factors such as patient behavior and health status (Dimitraki & Karademas, 2014; Li & Loke, 2014; Williams et al., 2003). This may represent a manifestation of family resilience on the patient's part, reflecting a more active coping strategy around the illness, contributing significantly to the partner's well-being.

However, the partner's family resilience was found to negatively predict patient well-being. This finding conflicts with previous studies that support the role of family resilience in promoting patient well-being and quality of life (Chen et al., 2023; Wang et al., 2021). Literature suggests that partners' increasing challenges deteriorate patient well-being. Specifically, partners often experience pressure due to multifaceted caregiving roles, limited caregiving knowledge and skills, and emotional strain (Kim & Baek, 2022). These factors may explain how partners "communicate" their family resilience, which might not align with patient needs, potentially worsening patient well-being. Additionally, patients are often sensitive to their partners' perceptions of their illness, which can negatively impact their well-being (Dimitraki & Karademas, 2014; Li & Loke, 2014; Williams et al., 2003). Patients also frequently experience feelings of burden and guilt towards partners who assume full caregiving responsibilities (Lilleheie et al., 2021).

Perceived relationship quality for both patients and their partners was not predicted at the dyadic level by optimism and family resilience. This finding contrasts with previous studies linking optimism to relationship satisfaction (Butner-Kozimor & Savla, 2021) and relational resilience to oncology couples' adaptation (Cihan & Aydogan, 2020). A possible explanation for this discrepancy may involve mediating factors such as perceived social support (Chen et al., 2021), collaborative problem-solving (Assad et al., 2007), and overall dyadic coping strategies (Ke et al., 2023).

The study results showed that patients' perceived relationship quality is positively related to their partners' perceived relationship quality, a finding that also applies to optimism, family resilience, and patient-partner well-being. These results highlight a consistent positive relationship between these variables, aligning with previous research predominantly following a synchronous design (Cihan & Aydogan, 2020; Ke et al., 2023).

This study presents certain limitations that warrant attention. The first limitation is the small sample of 48 couples (96 participants), which does not allow for reliable generalization of the results to a broader population. A larger and more representative sample could better capture the personality dimensions that contribute to adaptation to illness within a couple's context, and it would provide higher statistical power. Additionally, the sample comes exclusively from the city of Patras, limiting the representation of different geographical and social groups. While the longitudinal design of the study offers significant predictive value, the time interval between the two measurements was limited and not consistent for patients in different treatment stages. Future research could examine the impact of optimism and family resilience over a longer period or include a third assessment for more comprehensive conclusions. Another limitation may stem from the fact that only self-report measures of positive valence were used, and also, both well-being and family resilience concepts were assessed as unidimensional concepts, while subfactors were not taken into account. Additionally, the APIM\_SEM program currently supports the inclusion of up to two mixed or intra-dyad covariates and three between-dyad covariates. Therefore, to further enhance the accuracy of dyadic analyses, it is important to explore additional potential covariates in future research, such as age, socioeconomic status, and relationship duration. Finally, since adaptation to illness is a dynamic and multifaceted process (Leventhal et al., 2016), studying additional variables for a longer time, such as illness representations or stress-coping strategies, is essential.

Nevertheless, this study strengthens existing knowledge regarding the understanding of cancer as a multidimensional, dyadic process and experience that collectively influences and is influenced by both partners on an individual and relational level. The research highlighted the value of positive factors, such as optimism and family resilience, which contribute to the couple's well-being and relationship quality throughout the adaptation to illness; however, not at a dyadic level. Thus, the findings may have theoretical implications by enriching theories on the understanding of optimism and family resilience at both intrapersonal and interpersonal levels, particularly in relation to a life-threatening illness like cancer. The findings could also provide useful information for clinical practice by developing dyadic interventions (Otto et al., 2022) and educational programs that recognize positive couple characteristics and encourage and sustain dyadic resilience, adaptation, and well-being from diagnosis and treatment through to survival. Consequently, studying the dyad may offer new and valuable insights for psycho-oncological practice, enhancing knowledge and interventions in health counseling and couples counseling. Lastly, the data from this study underscore the positive characteristics of couples in the context of cancer, an area that has not been extensively studied within Greece.

## References

- Aivalioti, I., & Pezirkianidis, C. (2020). The role of family resilience on parental well-being and resilience levels. *Psychology, 11*(11), 1705-1728. <https://doi.org/10.4236/psych.2020.1111108>
- Allison, P. J., Guichard, C., Fung, K., & Gilain, L. (2003). Dispositional optimism predicts survival status 1 year after diagnosis in head and neck cancer patients. *Journal of Clinical Oncology, 21*(3), 543-548. <https://doi.org/10.1200/JCO.2003.10.205>



- Anjos, A. P., Ward-Griffin, C., & Leipert, B. (2012). Understanding gendered expectations and exemptions experienced by male double-duty caregivers: A qualitative secondary analysis. *Canadian Journal of Nursing Research, 44*(3), 104–123. <https://doi.org/10.1177/0733464816641391>
- Applebaum, A. J., Stein, E. M., Lord-Bessen, J., Pessin, H., Rosenfeld, B., & Breitbart, W. (2014). Optimism, social support, and mental health outcomes in patients with advanced cancer. *Psycho-oncology, 23*(3), 299–306. <https://doi.org/10.1002/pon.3418>
- Atienza, A. A., Stephens, M. A. P., & Townsend, A. L. (2002). Dispositional optimism, role-specific stress, and the well-being of adult daughter caregivers. *Research on Aging, 24*(2), 193–217. <https://doi.org/10.1177/0164027502242003>
- Badr, H., Carmack, C. L., Kashy, D. A., Cristofanilli, M., & Revenson, T. A. (2010). Dyadic coping in metastatic breast cancer. *Health Psychology, 29*(2), 169–180. <https://doi.org/10.1037/a0018165>
- Bao, Y., Li, L., Guan, Y., Wang, W., Liu, Y., Wang, P., & Wang, Y. (2017). Prevalence and associated positive psychological variables of anxiety and depression among patients with central nervous system tumors. *Journal of Neuro-Oncology, 134*(2), 305–313. <https://doi.org/10.1007/s11060-017-2538-7>
- Bodenmann, G. (2005). Dyadic coping. In T. A. Revenson, K. Kayser, & G. Bodenmann (Eds.), *Couples coping with stress: Emerging perspectives on dyadic coping* (pp. 33–49). American Psychological Association. <https://doi.org/10.1037/11031-002>
- Bodschwinna, D., Ernst, J., Mehnert-Herkerauf, A., Gündel, H., Weissflog, G., & Hönig, K. (2021). Dyadic coping and social support: Various types of support in hematooncological patients and their spouses. Associations with psychological distress. *Psycho-Oncology, 30*(7), 1041–1050. <https://doi.org/10.1002/pon.5631>
- Brivio, E., Guidi, P., Scotto, L., Giudice, A. V., Pettini, G., Busacchio, D., Didier, F., Mazzocco, K., & Pravettoni, G. (2021). Patients living with breast cancer during the coronavirus pandemic: The role of family resilience, coping flexibility, and locus of control on affective responses. *Frontiers in Psychology, 11*, 567230. <https://doi.org/10.3389/fpsyg.2020.567230>
- Butler, J., & Kern, M. L. (2016). The PERMA-Profiler: A brief multidimensional measure of flourishing. *International Journal of Wellbeing, 6*(3), 1–48. <https://doi.org/10.5502/ijw.v6i3.526>
- Butner-Kozimor, L. M., & Savla, J. (2021). Couples facing skin cancer in old age: A dyadic investigation of partner support and quality of life. *The International Journal of Aging and Human Development, 93*(2), 746–766. <https://doi.org/10.1177/0091415020957476>
- Butow, P. N., Price, M. A., Bell, M. L., Webb, P. M., DeFazio, A., & the Life Study Investigators. (2014). Caring for women with ovarian cancer in the last year of life: A longitudinal study of caregiver quality of life, distress, and unmet needs. *Gynecologic Oncology, 132*(3), 690–697. <https://doi.org/10.1016/j.ygyno.2014.01.002>
- Carver, C. S., & Scheier, M. F. (1998). *On the self-regulation of behavior*. Cambridge University Press.
- Carver, C. S., & Scheier, M. F. (2001). Optimism, pessimism, and self-regulation. In E. C. Chang (Ed.), *Optimism & pessimism: Implications for theory, research, and practice* (pp. 31–51). American Psychological Association. <https://doi.org/10.1037/10385-002>
- Carver, C. S., & Scheier, M. F. (2014). Dispositional optimism. *Trends in Cognitive Sciences, 18*(6), 293–299. <https://doi.org/10.1016/j.tics.2014.02.003>
- Carver, C. S., Scheier, M. F., & Segerstrom, S. C. (2010). Optimism. *Clinical psychology review, 30*(7), 879–889. <https://doi.org/10.1016/j.cpr.2010.01.006>
- Castro, R. F., Araújo, S., Marques, A., Ferreira, D., Rocha, H., Aguiar, S., Pieramico, S., Quinta-Gomes, A., Tavares, I. M., Nobre, P. J., & Carvalho, J. (2023). Mapping the contributions of dyadic approaches to couples' psychosocial adaptation to prostate cancer: a scoping review. *Sexual medicine reviews, 12*(1), 35–47. <https://doi.org/10.1093/sxmrev/qeado44>

- Cerezo, M. V., Álvarez-Olmo, A., & Rueda, P. (2022). General health and resilience of breast cancer patients: The mediator role of affective well-being. *International Journal of Environmental Research and Public Health*, 19(9), 5398. <https://doi.org/10.3390/ijerph19095398>
- Chen, J. J., Wang, Q. L., Li, H. P., Zhang, T., Zhang, S. S., & Zhou, M. K. (2021). Family resilience, perceived social support, and individual resilience in cancer couples: Analysis using the actor-partner interdependence mediation model. *European journal of oncology nursing: the official journal of European Oncology Nursing Society*, 52, 101932. <https://doi.org/10.1016/j.ejon.2021.101932>
- Chen, M., Cao, Q., Luo, X., Li, J., & Li, J. (2021). A literature review of the relationship between dyadic coping and dyadic outcomes in cancer couples. *European Journal of Oncology Nursing*, 54, 102035. <https://doi.org/10.1016/j.ejon.2021.102035>
- Chen, X., Xu, X., Wang, T., Qiu, C., & Li, M. (2023). Couple communication quality and family resilience among Chinese gynecologic cancer patients and their spouses: A dyadic study. *Supportive Care in Cancer*, 31(5), 271. <https://doi.org/10.1007/s00520-023-07641-2>
- Chin, J. C., Chen, Y. Y., & Yang, P. S. (2025). Couples' experiences of spousal caregiving for women with breast cancer: a frame analysis. *BMC nursing*, 24(1), 761. <https://doi.org/10.1186/s12912-025-03339-8>
- Chopik, W. J., Kim, E. S., & Smith, J. (2018). An examination of dyadic changes in optimism and physical health over time. *Health Psychology*, 37(1), 42–52. <https://doi.org/10.1037/hea0000549>
- Chung, M. L., Bakas, T., Plue, L., & Williams, L. S. (2016). Effects of self-esteem, optimism, and perceived control on depressive symptoms in stroke survivor–spouse dyads. *Journal of Cardiovascular Nursing*, 31(2), E8–E16. <https://doi.org/10.1097/JCN.0000000000000222>
- Chung, M. L., Miller, J. L., Lee, S. J., Son, Y. J., Cha, G., & King, R. B. (2022). Linkage of optimism with depressive symptoms among stroke survivor–caregiver dyads at 2 years post-stroke: Dyadic mediation approach. *Journal of Cardiovascular Nursing*, 38(1), 35–44. <https://doi.org/10.1097/JCN.0000000000000835>
- Cihan, H., & Aydogan, D. (2020). Relational resilience as a protective factor in marital adjustment of couples with cancer: A dyadic model. *Dusunen Adam: The Journal of Psychiatry and Neurological Sciences*, 33(3), 281–288. <https://doi.org/10.14744/DAJPNS.2020.00036>
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Lawrence Erlbaum Associates.
- Dankoski, M. E., & Pais, S. (2007). What's love got to do with it? Couples, illness, and MFT. *Journal of Couple & Relationship Therapy*, 6(1–2), 31–43. [https://doi.org/10.1300/J398v06n01\\_04](https://doi.org/10.1300/J398v06n01_04)
- Díaz, A., Ponsoda, J. M., & Belén, A. (2020). Optimism as a key to improving mental health in family caregivers of people living with Alzheimer's disease. *Aging & Mental Health*, 24(10), 1662–1670. <https://doi.org/10.1080/13607863.2020.1715342>
- Dimitraki, G., & Karademas, E. C. (2014). The association of type 2 diabetes patient and spouse illness representations with their well-being: A dyadic approach. *International Journal of Behavioral Medicine*, 21(2), 230–239. <https://doi.org/10.1007/s12529-013-9298-2>
- Ding, Z., Yu, D., Li, H., & Ding, Y. (2021). Effects of marital status on overall and cancer-specific survival in laryngeal cancer patients: a population-based study. *Scientific reports*, 11(1), 723. <https://doi.org/10.1038/s41598-020-80698-z>
- Donison, V., Toledano, N., Sigal, A., McGilton, K. S., Alibhai, S. M. H., & Puts, M. (2022). Care provided by older adult caregivers to a spouse in active cancer treatment: a scoping review. *Supportive care in cancer*, 30(11), 8679–8688. <https://doi.org/10.1007/s00520-022-07176-2>
- Drabe, N., Wittmann, L., Zwahlen, D., Büchi, S., & Jenewein, J. (2013). Changes in close relationships between cancer patients and their partners. *Psycho-oncology*, 22(6), 1344–1352. <https://doi.org/10.1002/pon.3144>
- Duncan, J., Garrison, M., Killian, T., Moon, Z., & Way, K. (2021). Family resilience: Variations by individual psychological and health resources, social capital, and sociodemographic characteristics. *The Family Journal*, 30(3), 376–383. <https://doi.org/10.1177/10664807211016483>



- Efklides, A., & Moraitou, D. (Eds.). (2013). *A positive psychology perspective on quality of life* (Vol. 51). Springer. <https://doi.org/00.1007/978-94-007-4963-4>
- Farrell, A. K., Simpson, J. A., & Overall, N. C. (2017). Effects of relationship functioning on the biological experience of stress and physical health. *Current Opinion in Psychology*, 13, 49–53. <https://doi.org/10.1016/j.copsyc.2016.04.004>
- Fasano, J., Shao, T., Huang, H. H., Kessler, A. J., Kolodka, O. P., & Shapiro, C. L. (2020). Optimism and coping: Do they influence health outcomes in women with breast cancer? A systematic review and meta-analysis. *Breast Cancer Research and Treatment*, 183(3), 495–501. <https://doi.org/10.1007/s10549-020-05802-1>
- Feng, L., Yang, Y. J., Du, J., Yu, Y. J., & Diao, J. D. (2020). Marital status and survival of patients with colorectal signet ring cell carcinoma: a population-based study. *Scientific reports*, 10(1), 17881. <https://doi.org/10.1038/s41598-020-74720-7>
- Fischer, I. C., Cripe, L. D., & Rand, K. L. (2018). Predicting symptoms of anxiety and depression in patients living with advanced cancer: the differential roles of hope and optimism. *Supportive care in cancer*, 26(10), 3471–3477. <https://doi.org/10.1007/s00520-018-4215-0>
- Giannousi, Z., Thomadakis, C., Karademas, E. C., & Paschali, A. (2023). The dyadic regulation approach of coping and illness representations in female cancer patients and their partners. *Frontiers in psychology*, 14, 1194900. <https://doi.org/10.3389/fpsyg.2023.1194900>.
- Hasson-Ohayon, I., Goldzweig, G., Braun, M., & Hagedoorn, M. (2022). Beyond "being open about it": A systematic review on cancer related communication within couples. *Clinical psychology review*, 96, 102176. <https://doi.org/10.1016/j.cpr.2022.102176>
- Heintzelman, S. J., & King, L. A. (2014). Life is pretty meaningful. *American Psychologist*, 69(6), 561–574. <https://doi.org/10.1037/a0035049>
- Helgeson, V. S., Jakubiak, B., Van Vleet, M., & Zajdel, M. (2018). Communal coping and adjustment to chronic illness: Theory update and evidence. *Personality and Social Psychology Review*, 22(2), 170–195. <https://doi.org/10.1177/1088868317735767>
- Holt-Lunstad, J., Birmingham, W., & Jones, B. Q. (2008). Is there something unique about marriage? The relative impact of marital status, relationship quality, and network social support on ambulatory blood pressure and mental health. *Annals of Behavioral Medicine*, 35(2), 239–244. <https://doi.org/10.1007/s12160-008-9018-y>
- Holt-Lunstad, J., Robles, T. F., & Sbarra, D. A. (2017). Advancing social connection as a public health priority in the United States. *American Psychologist*, 72(6), 517–530. <https://doi.org/10.1037/amp0000103>
- Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: a meta-analytic review. *PLoS medicine*, 7(7), e1000316. [https://doi.org/10.1007/978-1-4684-5122-1\\_4](https://doi.org/10.1007/978-1-4684-5122-1_4)
- Hu, K., Liu, Q., Laszlo, K. D., Wei, D., Yang, F., Fall, K., et al. (2023). Risk of psychiatric disorders among spouses of patients with cancer in Denmark and Sweden. *JAMA Network Open*, 6(1), e2249560. <https://doi.org/10.1001/jamanetworkopen.2022.49560>
- Hu, X., Wang, W., Wang, Y., & Liu, K. (2021). Fear of cancer recurrence in patients with multiple myeloma: Prevalence and predictors based on a family model analysis. *Psycho-Oncology*, 30(2), 176–184. <https://doi.org/10.1002/pon.5562>
- Janicki, D. L., Kamarck, T. W., Shiffman, S., Sutton-Tyrrell, K., & Gwaltney, C. J. (2005). Frequency of spousal interaction and 3-year progression of carotid artery intima medial thickness: the pittsburgh healthy heart project. *Psychosomatic Medicine*, 67(6), 889–896. <https://doi.org/10.1097/01.psy.0000188476.87869.88>
- Jokela, M., Hakulinen, C., Singh-Manoux, A., & Kivimäki, M. (2014). Personality change associated with chronic diseases: Pooled analysis of four prospective cohort studies. *Psychological Medicine*, 44(12), 2629–2640. <https://doi.org/10.1017/S003329171300291X>
- Karademas, E. C. (2022). A new perspective on dyadic regulation in chronic illness: The dyadic regulation-connectivity model. *Health Psychology Review*, 16(1), 1–21. <https://doi.org/10.1080/17437199.2021.1874471>

- Karademas, E. C. (2014). The psychological well-being of couples experiencing a chronic illness: A matter of personal and partner illness cognitions and the role of marital quality. *Journal of Health Psychology, 19*(11), 1347–1357. <https://doi.org/10.1177/1359105313481071>
- Karademas, E. C., Ktistaki, G., Dimitraki, G., Papastefanakis, E., Mastorodemos, V., Repa, A., & Simos, P. (2017). Patient and partner dispositional optimism as a long-term predictor of illness representations in autoimmune diseases. *Journal of Health Psychology, 22*(13), 1691–1700. <https://doi.org/10.1177/1359105316637587>
- Karademas, E. C., & Thomadakis, C. (2020). Dispositional optimism in cardiac patients and their spouses: Dyadic relations to well-being and positive affect. *Psychology: The Journal of the Hellenic Psychological Society, 25*(1), 151–163. [https://doi.org/10.12681/psy\\_hps.23067](https://doi.org/10.12681/psy_hps.23067)
- Kayser, K., Watson, L. E., & Andrade, J. T. (2007). Cancer as a “we-disease”: Examining the process of coping from a relational perspective. *Families, Systems, & Health, 25*(4), 404–418. <https://doi.org/10.1037/1091-7527.25.4.404>
- Ke, J., Lin, J., Lin, X., Chen, W. T., & Huang, F. (2023). Dyadic effects of family resilience on quality of life in patients with lung cancer and spousal caregivers: The mediating role of dyadic coping. *European Journal of Oncology Nursing, 66*, 102400. <https://doi.org/10.1016/j.ejon.2023.102400>
- Kenny, D. A. (1996). Models of non-independence in dyadic research. *Journal of Social and Personal Relationships, 13*(2), 279–294. <https://doi.org/10.1177/0265407596132007>
- Kenny, D. A., Kashy, D. A., & Cook, W. L. (2006). Analyzing mixed independent variables: The actor–partner interdependence model. In *Analyzing dyadic data* (pp. 144–184). Guilford Press.
- Kiecolt-Glaser, J. K., Renna, M. E., Shrout, M. R., & Madison, A. A. (2020). Stress reactivity: What pushes us higher, faster, and longer and why it matters. *Current Directions in Psychological Science, 29*(5), 492–498. <https://doi.org/10.1177/0963721420936780>
- Kim, E. S., Chopik, W. J., & Smith, J. (2014). Are people healthier if their partners are more optimistic? The dyadic effect of optimism on health among older adults. *Journal of psychosomatic research, 76*(6), 447–453. <https://doi.org/10.1016/j.jpsychores.2014.03.104>
- Kim, E. S., Hagan, K. A., Grodstein, F., DeMeo, D. L., De Vivo, I., & Kubzansky, L. D. (2017). Optimism and cause-specific mortality: A prospective cohort study. *American Journal of Epidemiology, 185*(1), 21–29. <https://doi.org/10.1093/aje/kww182>
- Kim, H., Park, C. H. K., Kim, Y., & Joo, Y. (2021). Correlates of Psychological Distress in Patients With Cancer at a Psycho-oncology Clinic. *Journal of the Academy of Consultation-Liaison Psychiatry, 62*(6), 595–605. <https://doi.org/10.1016/j.jaclp.2021.05.007>
- Kim, M., & Ahn, S. (2022). Do spouse burden of care, family resilience, and coping affect family function in gynecologic cancer in Korea? A cross-sectional study. *Korean Journal of Women Health Nursing, 28*(3), 197–209. <https://doi.org/10.4069/kjwhn.202>
- Kim, Y., & Baek, W. (2022). Caring experiences of family caregivers of patients with pancreatic cancer: an integrative literature review. *Supportive care in cancer, 30*(5), 3691–3700. <https://doi.org/10.1007/s00520-021-06793-7>
- Kim, Y., Baker, F., & Spillers, R. L. (2007). Cancer caregivers' quality of life: Effects of gender, relationship, and appraisal. *Journal of Pain and Symptom Management, 34*(3), 294–304. <https://doi.org/10.1016/j.jpainsymman.2006.11.012>
- Kroll, J. L., Kim, S., Cho, D., Weathers, S. P., Chen, A. B., Smith, G., Bruera, E., & Milbury, K. (2022). Financial distress and its associated burden in couples coping with an advanced cancer. *Supportive care in cancer, 30*(5), 4485–4495. <https://doi.org/10.1007/s00520-021-06758-w>



- Leuchtmann, L., & Bodenmann, G. (2017). Interpersonal view on physical illnesses and mental disorders: A systemic-transactional understanding of disorders. *Swiss Archives of Neurology, Psychiatry and Psychotherapy*, 168(6), 170–174. <https://doi.org/10.4414/sanp.2017.00506>
- Leventhal, H., Phillips, L. A., & Burns, E. (2016). The Common-Sense Model of self-regulation (CSM): A dynamic framework for understanding illness self-management. *Journal of Behavioral Medicine*, 39(6), 935–946. <https://doi.org/10.1007/s10865-016-9782-7>
- Li, Q., & Loke, A. Y. (2014). A literature review on the mutual impact of the spousal caregiver–cancer patient dyads: “Communication,” “reciprocal influence,” and “caregiver–patient congruence.” *European Journal of Oncology Nursing*, 18(1), 58–65. <https://doi.org/10.1016/j.ejon.2013.09.003>
- Li, Y., Qiao, Y., Luan, X., Li, S., & Wang, K. (2019). Family resilience and psychological well-being among Chinese breast cancer survivors and their caregivers. *European journal of cancer care*, 28(2), e12984. <https://doi.org/10.1111/ecc.12984>
- Li, Y., Wang, K., Yin, Y., Li, Y., & Li, S. (2018). Relationships between family resilience, breast cancer survivors’ individual resilience, and caregiver burden: A cross-sectional study. *International Journal of Nursing Studies*, 88, 79–84. <https://doi.org/10.1016/j.ijnurstu.2018.08.004>
- Lilleheie, I., Debesay, J., Bye, A., & Bergland, A. (2021). The tension between carrying a burden and feeling like a burden: a qualitative study of informal caregivers' and care recipients' experiences after patient discharge from hospital. *International journal of qualitative studies on health and well-being*, 16(1), 1855751. <https://doi.org/10.1080/17482631.2020.1855751>
- Lin, Q., Dong, F., Xue, Y., Yu, Q., Ren, J., & Zeng, L. (2022). Predictors of posttraumatic growth of the family members of neurosurgical intensive care unit patients: A cross-sectional study. *Intensive and Critical Care Nursing*, 68, 103134. <https://doi.org/10.1016/j.iccn.2021.103134>
- Litzelman, K., Kent, E. E., & Rowland, J. H. (2016). Social factors in informal cancer caregivers: the interrelationships among social stressors, relationship quality, and family functioning in the CanCORS data set. *Cancer*, 122, 278–286. <https://doi.org/10.1002/cncr.29741>
- Liu, Y., Li, Y., Chen, L., Li, Y., Qian, Y., & Yu, L. (2018). Relationships between family resilience and posttraumatic growth in breast cancer survivors and caregiver burden. *Psycho-Oncology*, 27(4), 1284–1290. <https://doi.org/10.1002/pon.4687>
- Lyrakos, G. N., Damigos, D., Mavreas, V., Georgia, K., & Dimoliatis, I. D. K. (2010). A translation and validation study of the Life Orientation Test Revised in the Greek speaking population of nurses among three hospitals in Athens and Ioannina. *Social Indicators Research*, 95(1), 129–142. <https://doi.org/10.1007/s11205-009-9453-6>
- Ma, Q., Yan, Z., Chang, L., Zhang, Q., & Li, Y. (2021). Family resilience and subjective responses to caregiving for children with epilepsy. *Epilepsy & Behavior*, 125, 108417. <https://doi.org/10.1016/j.yebeh.2021.108417>
- Mbozi, P., Ratcliff, C., & Roberts, D. (2020). Challenges facing women caring for a spouse having cancer treatment: A critical literature review. *Open Journal of Nursing*, 10(1), 34–46. <https://doi.org/10.4236/ojn.2020.101003>
- McCubbin, H. I. (1996). Family Index of Regenerativity and Adaptation-Military (FIRA-M). In H. I. McCubbin, A. I. Thompson, & M. A. McCubbin (Eds.), *Family assessment: Resiliency, coping and adaptation - Inventories for research and practice* (pp. 843–864). University of Wisconsin.
- McGregor, B. A., Bowen, D. J., Ankerst, D. P., Andersen, M. R., Yasui, Y., & McTiernan, A. (2004). Optimism, perceived risk of breast cancer, and cancer worry among a community-based sample of women. *Health Psychology*, 23(4), 339–344. <https://doi.org/10.1037/0278-6133.23.4.339>
- Μπούκα, Χ. (2016). Οι ψυχομετρικές ιδιότητες του ερωτηματολογίου της οικογενειακής ανθεκτικότητας της Froma Walsh στον ελληνικό πληθυσμό [Διπλωματική εργασία, Πάντειο Πανεπιστήμιο]. Πάνδημος Πάντειες Δημόσιες Δημοσιεύσεις. <http://pandemos.panteion.gr/index.php?op=record&lang=el&pid=iid:17476>

- Nakaya, N., Sone, T., Nakaya, K., Tomata, Y., Hozawa, A., & Tsuji, I. (2017). Psychological Distress among Individuals Whose Partners Have Cancer. *The Tohoku journal of experimental medicine*, 243(1), 27–33. <https://doi.org/10.1620/tjem.243.27>
- Norton, R. (1983). Measuring marital quality: A critical look at the dependent variable. *Journal of Marriage and the Family*, 45(1), 141–151. <https://doi.org/10.2307/351302>
- Öcal, E., Demirtaş, Z., Atalay, B. I., Önsüz, M. F., Işıklı, B., Metintaş, S., & Yenilmez, Ç. (2022). Relationship between mental disorders and optimism in a community-based sample of adults. *Behavioral Sciences*, 12(3), 52. <https://doi.org/10.3390/bs12030052>
- Oldenkamp, M., Hagedoorn, M., Slaets, J., Stolck, R., Wittek, R., & Smidt, N. (2016). Subjective burden among spousal and adult-child informal caregivers of older adults: results from a longitudinal cohort study. *BMC geriatrics*, 16(1), 208. <https://doi.org/10.1186/s12877-016-0387-y>
- Orth, U. (2013). How large are actor and partner effects of personality on relationship satisfaction? The importance of controlling for shared method variance. *Personality and Social Psychology Bulletin*, 39(10), 1359–1372. <https://doi.org/10.1177/0146167213492429>
- Otto, A. K., Ketcher, D., Reblin, M., & Terrill, A. L. (2022). Positive psychology approaches to interventions for cancer dyads: A scoping review. *International Journal of Environmental Research and Public Health*, 19(20), 13561. <https://doi.org/10.3390/ijerph192013561>
- Otto, A. K., Laurenceau, J. P., Siegel, S. D., & Belcher, A. J. (2015). Capitalizing on everyday positive events uniquely predicts daily intimacy and well-being in couples coping with breast cancer. *Journal of Family Psychology*, 29(1), 69–79. <https://doi.org/10.1037/fam0000042>
- Pezirkianidis, C., & Stalikas, A. (2020). INTRODUCTION-latest developments in positive psychology: The case of Greece. *Psychology: The Journal of the Hellenic Psychological Society*, 25(1), 01-19. [https://doi.org/10.12681/psy\\_hps.25328](https://doi.org/10.12681/psy_hps.25328)
- Pezirkianidis, C., Stalikas, A., Lakioti, A., & Yotsidi, V. (2019). Validating a multidimensional measure of wellbeing in Greece: Translation, factor structure, and measurement invariance of the PERMA profiler. *Current Psychology*, 38, 18–30. <https://doi.org/10.1007/s12144-018-0110-1>
- Pitichat, T., Reichard, R. J., Kea-Edwards, A., Middleton, E., & Norman, S. M. (2018). Psychological capital for leader development. *Journal of Leadership & Organizational Studies*, 25(1), 47–62. <https://doi.org/10.1177/1548051817719232>
- Qiu, X., Mao, J., Wang, C., Yang, X., & Li, Q. (2024). Family resilience and its influencing factors in patients with cancer and their family members: A systematic review. *Journal of Clinical Nursing*. Advance online publication. <https://doi.org/10.1111/jocn.17485>
- Rand, K. L., Martin, A. D., & Shea, A. M. (2011). Hope, but not optimism, predicts academic performance of law students beyond previous academic achievement. *Journal of Research in Personality*, 45(6), 683–686. <https://doi.org/10.1016/j.jrp.2011.08.004>
- Rasmussen, H. N., O’Byrne, K. K., Vandamente, M., & Cole, B. P. (2017). Hope and physical health. In M. W. Gallagher & S. Lobes (Eds.), *The oxford handbook of hope* (pp. 159–168). Oxford University Press
- Rasmussen, H. N., Wrosch, C., Scheier, M. F., & Carver, C. S. (2006). Self-regulation processes and health: the importance of optimism and goal adjustment. *Journal of personality*, 74(6), 1721–1747. <https://doi.org/10.1111/j.1467-6494.2006.00426.x>
- Robles, T. F., Slatcher, R. B., Trombello, J. M., & McGinn, M. M. (2014). Marital quality and health: a meta-analytic review. *Psychological bulletin*, 140(1), 140–187. <https://doi.org/10.1037/a0031859>
- Rosseel, Y. (2012). lavaan: An R package for structural equation modeling. *Journal of Statistical Software*, 48(2), 1–36. <https://doi.org/10.18637/jss.v048.i02>



- Rottmann, N., Hansen, D. G., Larsen, P. V., Nicolaisen, A., Flyger, H., Johansen, C., & Hagedoorn, M. (2015). Dyadic coping within couples dealing with breast cancer: A longitudinal, population-based study. *Health Psychology, 34*(5), 486–495. <https://doi.org/10.1037/hea0000181>
- Routledge, C., & FioRito, T. A. (2021). Why meaning in life matters for societal flourishing. *Frontiers in Psychology, 11*, 601899. <https://doi.org/10.3389/fpsyg.2020.601899>
- Ruiz-Marín, C. M., Molina-Barea, R., Slim, M., & Calandre, E. P. (2021). Marital adjustment in patients with cancer: Association with psychological distress, quality of life, and sleep problems. *International Journal of Environmental Research and Public Health, 18*(13), 7089. <https://doi.org/10.3390/ijerph18137089>
- Ryan, L. H., Wan, W. H., & Smith, J. (2014). Spousal social support and strain: impacts on health in older couples. *Journal of Behavioral Medicine, 37*(6), 1108–1117. <https://doi.org/10.1007/s10865-014-9561-x>
- Scheier, M. F., & Carver, C. S. (1985). Optimism, coping, and health: Assessment and implications of generalized outcome expectancies. *Health Psychology, 4*(3), 219–247. <https://doi.org/10.1037/0278-6133.4.3.219>
- Scheier, M. F., Carver, C. S., & Bridges, M. W. (1994). Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): A reevaluation of the Life Orientation Test. *Journal of Personality and Social Psychology, 67*(6), 1063–1078. <https://doi.org/10.1037/0022-3514.67.6.1063>
- Scheier, M. F., Carver, C. S., & Bridges, M. W. (2001). Optimism, pessimism, and psychological well-being. In E. C. Chang (Ed.), *Optimism & pessimism: Implications for theory, research, and practice* (pp. 189–216). American Psychological Association. <https://doi.org/10.1037/10385-009>.
- Scheier, M. F., & Carver, C. S. (1992). Effects of optimism on psychological and physical well-being: Theoretical overview and empirical update. *Cognitive Therapy and Research, 16*(2), 201–228. <https://doi.org/10.1007/BF01173489>
- Schou, I., Ekeberg, Ø., Sandvik, L., & Ruland, C. M. (2005). Stability in optimism–pessimism in relation to bad news: A study of women with breast cancer. *Journal of Personality Assessment, 84*(2), 148–154. [https://doi.org/10.1207/s15327752jpa8402\\_07](https://doi.org/10.1207/s15327752jpa8402_07)
- Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Atria Paperback.
- Shao, M., Yang, H., Du, R., Zhang, M., Zhu, J., Zhang, H., Ma, B., Chen, C., & Wang, T. (2023). Family resilience in cancer treatment and key influencing factors: A systematic review. *European Journal of Oncology Nursing, 66*, 102403. <https://doi.org/10.1016/j.ejon.2023.102403>
- Shin, J. Y., Steger, M. F., Shin, D. W., Kim, S. Y., Yang, H. K., Cho, J., Jeong, A., Park, K., Kweon, S. S., & Park, J. H. (2019). Patient–family communication mediates the relation between family hardiness and caregiver positivity: Exploring the moderating role of caregiver depression and anxiety. *Journal of Psychosocial Oncology, 37*(5), 557–572. <https://doi.org/10.1080/07347332.2019.1566808>
- Shrout, M. R. (2021). The health consequences of stress in couples: A review and new integrated dyadic biobehavioral stress model. *Brain, Behavior, & Immunity - Health, 16*, 100328. <https://doi.org/10.1016/j.bbih.2021.100328>
- Slatcher, R. B., & Selçuk, E. (2017). A social psychological perspective on the links between close relationships and health. *Current Directions in Psychological Science, 26*(1), 16–21. <https://doi.org/10.1177/0963721416667444>
- Srivastava, S., McGonigal, K. M., Richards, J. M., Butler, E. A., & Gross, J. J. (2006). Optimism in close relationships: How seeing things in a positive light makes them so. *Journal of Personality and Social Psychology, 91*(1), 143–153. <https://doi.org/10.1037/0022-3514.91.1.143>
- Staff, H. R., Didymus, F. F., & Backhouse, S. H. (2017). The antecedents and outcomes of dyadic coping in close personal relationships: A systematic review and narrative synthesis. *Anxiety, Stress, & Coping, 30*(5), 498–520. <https://doi.org/10.1080/10615806.2017.1329931>

- Σταλίκας, Α., Ρούσση, Π., & Τριλίβια, Σ. (2002). *Τα ψυχομετρικά εργαλεία στην Ελλάδα : Μια συλλογή και παρουσίαση των ερωτηματολογίων δοκιμασιών και καταλόγων καταγραφής χαρακτηριστικών στον ελληνικό χώρο*. Ελληνικά Γράμματα.
- Stas, L., Kenny, D. A., Mayer, A., & Loeys, T. (2018). Giving dyadic data analysis away: A user-friendly app for actor-partner interdependence models. *Personal Relationships*, 25(1), 103-119. <https://doi.org/10.1111/pere.12230>
- Symister, P., & Friend, R. (2003). The influence of social support and problematic support on optimism and depression in chronic illness: A prospective study evaluating self-esteem as a mediator. *Health Psychology*, 22(2), 123-129. <https://doi.org/10.1037/0278-6133.22.2.123>
- Tao, L., Hu, X., Fu, L., Zhang, X., & Chen, H. (2023). Effects of family beliefs and family strength on individual resilience and quality of life among young breast cancer survivors: A cross-sectional study. *Journal of Clinical Nursing*, 32(11-12), 2616-2626. <https://doi.org/10.1111/jocn.16367>
- Ussher, J. M., Sandoval, M., Perz, J., Wong, W. T., & Butow, P. (2013). The gendered construction and experience of difficulties and rewards in cancer care. *Qualitative Health Research*, 23(7), 900-915. <https://doi.org/10.1177/1049732313483217>
- Vahia, I. V., Thompson, W. K., Depp, C. A., Allison, M., & Jeste, D. V. (2012). Developing a dimensional model for successful cognitive and emotional aging. *International Psychogeriatrics*, 24(4), 515-523. <https://doi.org/10.1017/S1041610211002055>
- Valente, M., Chirico, I., Ottoboni, G., & Chattat, R. (2021). Relationship dynamics among couples dealing with breast cancer: A systematic review. *International Journal of Environmental Research and Public Health*, 18(14), 7288. <https://doi.org/10.3390/ijerph18147288>
- Vollmann, M., Antoni, W., Hartung, F. M., & Renner, B. (2011). Social support as mediator of the stress buffering effect of optimism: The importance of differentiating the recipients' and providers' perspective. *European Journal of Personality*, 25(2), 146-154. <https://doi.org/10.1002/per.801>
- Walsh, F. (1998). *Strengthening family resilience*. Guilford Press.
- Walsh, F. (2012). Successful aging and family resilience. In B. Haslip & G. Smith (Eds.), *Emerging perspectives on resilience in adulthood and later life (Annual Review of Gerontology and Geriatrics*, 32, pp. 153-172). Springer Publishing Company. <https://doi.org/10.1891/0198-8794.32.153>
- Walsh, F. (2015). *Strengthening family resilience* (2nd ed.). Guilford Publications.
- Wang, H., Yue, H., Ren, M., & Feng, D. (2021). Dyadic effects of family functioning and resilience on quality of life in advanced lung cancer patients and caregivers: An actor-partner interdependence mediation model. *European Journal of Oncology Nursing*, 52, 101963. <https://doi.org/10.1016/j.ejon.2021.101963>
- Williams, P. G., Wasserman, M. S., & Lotto, A. J. (2003). Individual differences in self-assessed health: An information-processing investigation of health and illness cognition. *Health Psychology*, 22(1), 3-11. <https://doi.org/10.1037/0278-6133.22.1.3>
- Yan, Z., Zhang, Q., Chang, L., Liu, Y., & Li, Y. (2021). Dyadic effects of family resilience on post-traumatic stress symptoms among breast cancer patients and their primary family caregivers: A cross-sectional study. *European Journal of Oncology Nursing*, 53, 101998. <https://doi.org/10.1016/j.ejon.2021.101998>
- Yang, Y., He, F., Li, D., Zhao, Y., Wang, Y., Zhang, H., Qiao, C., Cui, Y., Lin, L., & Guan, H. (2024). Effect of family resilience on subjective well-being in patients with advanced cancer: the chain mediating role of perceived social support and psychological resilience. *Frontiers in psychology*, 14, 1222792. <https://doi.org/10.3389/fpsyg.2023.1222792>
- Zahedi, H., Alizadeh-Dibazari, Z., Mirghafourvand, M., Sahebihagh, M. H., & Hosseinzadeh, M. (2024). The effectiveness of couple-based interventions on the marital outcomes of women with genital and breast cancer and their partners: A systematic review and meta-analysis. *BMC Cancer*, 24(1), 391. <https://doi.org/10.1186/s12885-024-12166-1>



- Zhang, Y., & Bennett, M. R. (2024). Insights into informal caregivers' well-being: A longitudinal analysis of care intensity, care location, and care relationship. *The Journals of Gerontology: Series B, Psychological Sciences and Social Sciences*, 79(2), gbad166. <https://doi.org/10.1093/geronb/gbad166>
- Zhao, X., Tong, S., & Yang, Y. (2022). The correlation between quality of life and positive psychological resources in cancer patients: A meta-analysis. *Frontiers in Psychology*, 13, 883157. <https://doi.org/10.3389/fpsyg.2022.883157>
- Zhou, J., Chen, X., Wang, Z., & Li, Q. (2023). Couple-based communication interventions for cancer patient-spousal caregiver dyads' psychosocial adaptation to cancer: A systematic review. *Healthcare*, 11(2), 236. <https://doi.org/10.3390/healthcare11020236>

# Αισιοδοξία και οικογενειακή ανθεκτικότητα στις δυαδικές σχέσεις ασθενών με καρκίνο και των συντρόφων τους: Μία διαχρονική μελέτη

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ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ	ΠΕΡΙΛΗΨΗ
Καρκίνος Ζευγάρι Αισιοδοξία Οικογενειακή ανθεκτικότητα Ευημερία	Ο καρκίνος επηρεάζει συχνά τόσο τους ασθενείς όσο και τους συντρόφους τους. Σκοπός της παρούσας μελέτης είναι να εξετάσει τον ρόλο της αισιοδοξίας και της οικογενειακής ανθεκτικότητας στην ευημερία και την ποιότητα της σχέσης σε ένα δείγμα ογκολογικών ασθενών και των συντρόφων τους. Πρόκειται για μια διαχρονική μελέτη που περιέλαβε 96 ασθενείς με καρκίνο (N=48, Μ.Ο.: 56,56 έτη) και οι σύντροφοί τους (N=48, Μ.Ο.: 55,66 έτη). Τα δεδομένα συλλέχθηκαν μέσω αυτοαναφερόμενων κλιμάκων που μέτρησαν δημογραφικά χαρακτηριστικά, αισιοδοξία (GrLOT-R), οικογενειακή ανθεκτικότητα (WFRQ), ευημερία (PERMA Profiler) και ποιότητα σχέσης (QMI). Το Μοντέλο Αλληλεξάρτησης Μεταξύ Πράττοντα- Συμπράττοντα (APIM) εφαρμόστηκε μέσω της διαδικτυακής εφαρμογής APIM_SEM, για τη ανάλυση των δυαδικών σχέσεων. Στην πλειονότητα των περιπτώσεων, η αισιοδοξία και η οικογενειακή ανθεκτικότητα των ασθενών και των συντρόφων τους συσχετίστηκαν θετικά με την ατομική τους ευημερία και την ποιότητα της σχέσης τους. Η οικογενειακή ανθεκτικότητα των ασθενών συσχετίστηκε θετικά με την ευημερία του συντρόφου τους, ενώ παρατηρήθηκε μια αρνητική σχέση μεταξύ της οικογενειακής ανθεκτικότητας του συντρόφου και της ευημερίας του ασθενούς. Η αισιοδοξία δεν είχε δυαδικό αποτέλεσμα ούτε στην ευημερία ούτε στην ποιότητα της σχέσης. Τα ευρήματα επισημαίνουν, πως η οικογενειακή ανθεκτικότητα, ιδιαίτερα, έχει θετικές προεκτάσεις στην ευημερία και την ποιότητα της σχέσης του ζευγαριού τόσο σε ατομικό όσο σε διαπροσωπικό επίπεδο, ακόμη και εν μέσω κρίσιμων γεγονότων ζωής, όπως ο καρκίνος. Η μελλοντική έρευνα θα μπορούσε να εξετάσει περαιτέρω τον ρόλο της αισιοδοξίας, τον ρόλο των συντρόφων, τον ρόλο του φύλου ή τις αναπαραστάσεις της ασθένειας, προκειμένου να αποσαφηνιστούν οι παρατηρούμενες διαφοροποιήσεις μεταξύ ασθενών και συντρόφων.
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