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PERCEPTIONS OF THE SPOUSE'S ROLE AND OPPOSITE SEX RELATIONSHIP IN BREAST CANCER WOMEN WITH MASTECTOMY AND HEALTHY WOMEN

SH.Vaziri¹, F.Lotfi Kashani², M.E.Akbari³, L.Hosseini⁴ and S.Sarafraz^{5*}

¹*Department of Psychology, Islamic Azad University, Roudehen Branch and Postdoctoral Scholar, Cancer Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran*

²*Cancer Research Center Shahid Beheshti University of Medical Sciences, Tehran, Iran*

³*Department of Psycho Oncology, Cancer Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran*

⁴*Clinical Psychology, Department of Psychology Islamic Azad University, Roudehen Branch and Cancer Research Center, Tehran, Iran*

**Author for Correspondence*

ABSTRACT

The mastectomy in addition to imposing cosmetic changes can cause deep effects on perception of people around, their roles and communications. The purpose of this study was to compare the perceptions of spouse's role and opposite sex relationship in breast cancer female patients with mastectomy and healthy women by using the Apperception Test which was constructed by the researcher. In this qualitative study, 26 breast cancer women with mastectomy who referred to Shohada-e-Tajrish hospital were chosen from available samples and were compared to 26 healthy women regarding perceptions of the spouse's role and relationship with the opposite sex using the Apperception Test constructed by the researcher. In overall analysis of findings, using difference of proportion method showed that there was a significant difference in positive perceptions of Spouse's role and opposite sex relationship, negative perception of spouse's role and vague perception of Spouse's role, and opposite sex relationship in the two groups. The Qualitative analysis of 312 short stories adapted from apperception test findings showed that in relation to quality of perception of spouse's role, physical weakness to perform the role of a wife, and the decline in intimate marital relationships were a clear cut reason for the decrease in quality of marital intimate relationship, fear of losing their spouse and families tearing apart. In terms of the relationship with the opposite sex, there were changes in sexual orientation, steering away and getting into a relationship with the opposite sex especially for women with mastectomy, who were either divorcee, widowed or single. It seems as though women with mastectomy need to restore their perception and deal with their serious psychological needs. In interventions related to women with breast cancer, there should be a serious emphasis on maintenance and improving the quality of role and communications of breast cancer women with mastectomy.

Keywords: *Breast Cancer, Mastectomy, Perception, Spouse's role, Opposite Sex Relationship*

INTRODUCTION

Breast cancer is known to be among the most common malignancies. In 2010, 16 million women were diagnosed with breast cancer and 425 thousand people lost their lives due to this cancer. This goes to show that, this type of cancer as a manifestation of chronic injury (Henson, 2002), is the most common cancer among women (Forouzanfar *et al.*, 2011) and it is regarded as the second leading cause of death in cancer (Berek, 2007). With the increasing growth of the 32/2 in every hundred thousand people, it has turned out to be one of the most common malignancies among Iranian women (Yavari *et al.*, 2005; Haghighat *et al.*, 2012). The age for incidence of breast cancer in Iran is from 41 to 60 and statistics show that 34.3% of cases occur before the age of 40 (Sirus and Ebrahimi, 2009). In this regard, it is predicted in 2030, due to an increase in the average age of the population, control of infectious diseases and the increased risk of cancer, this disease will be regarded as the first and most important cause of death (Mohaghegh *et al.*, 2006).

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Breast in women is an important part of their body and somehow it strongly connects to the sense of feminine identity, womanhood, sexuality, physical and sexual attractiveness, nurturing and sense of motherhood to itself (Manganiello *et al.*, 2011). Thus, the loss of a breast can be interpreted as a means of losing the feminine identity (Khan *et al.*, 2000). Identity crisis (Cochrane and Lewis, 2005) and trauma resulting from the removal of the breast (Uzun, 2004) and side effects resulting from chemotherapy (Bakewell and Volker, 2005), factors influencing on imperfect conception of self (White, 2000), changes in body image (Moreira and Canavarro, 2010), decreased sexual attraction, anxiety, depression, feelings of hopelessness, guilt, fear of recurrence, rejection, destruction of symbols of femininity and the motherhood dimensions (Kunkel *et al.*, 2002), a decrease in sexuality and quality of life (O'nen *et al.*, 2013), feelings of social isolation, fear of partner's reaction if married, concerns about marriage if single, fear of death, fear of infertility (Vaziri and Lotfi, 2012), increased sense of vulnerability, confusion, pain, disorganized thoughts (Courstens *et al.*, 1996), the possibility of developing mental disorders (White, 2000), harmful effects of the disease on the patient, family and other people who she is in connection with, feeling of imbalance (Awadallah, 2006) and sense of families torn apart can all result from this disease (Ramazani, 2001).

A woman with breast cancer, like any other woman, is not only a sexual partner but she is also a mother, a sister, a daughter and even a friend; all these roles can affect each other a process which can affect domain of the individual's perception (Ginter, 2010). Phenomenon of perception is a subjective process in which sensory experiences turn out to be meaningful and thereby one can find the relationship between affairs and meaning of objects (Iravani and Khodapanahi, 2002). As Leventhal and colleagues (1997) have also shown breast cancer patients with mastectomy, Cancer and cosmetic changes in appearance can affect their perception. This change affects their mental demonstration of the disease along with their behavior (Bish *et al.*, 2005; Taylor *et al.*, 1984; Arjmand *et al.*, 2010; Sheppard and Ely, 2008; Barni and Mondin, 1997). This can harm different levels of physical, mental and social performances which are under the influence of the disease, changes in patient's body, emotional distress and alienation from the body followed by changes in self, the patient's conception of self and body image (Frierson, 2003). Accordingly, the aim of the current research is the Comparison of perceived spouse's role and relationship with the opposite sex in patients with mastectomy.

MATERIALS AND METHODS

This research aims to be a fundamental research and in terms of the method, it is a qualitative study with a Content Analysis Approach. The qualitative research goes toward justification of understanding the natural world and its nature is highly interpretative. As a qualitative research, the understanding of this research is stated in how individuals can make sense of their world by exploiting the different aspects and exploratory experiences (Houman, 2011). Qualitative methods seek to discover and understand the inner world of people and since experiences form the structure of the truth for individuals, a researcher can discover the meaning of phenomenon from their point of view by entering the world of the individual's experiences (Streubert and Carpenter, 2007).

The statistical society in the current study consisted of women with breast cancer in Shohada-e-Tajrish Hospital who underwent the mastectomy surgery. Entry criteria included a diagnosis of breast cancer and the removal of one or both breasts, aged between 20 to 55 years, having no mental disease along with no metastasize of the disease. To evaluate the performance of patients with breast cancer, the Apperception Test constructed by the researcher was used. This test consists of 6 pictures on spouse's role and relationship with opposite sex in which the subjects were asked to think about what is happening in each picture in order to come up with a story. For all the patients, these words were told "I'll show you a few pictures. I want you to tell me a story about each picture. You have 5 minutes to tell me what events led to this story. What has already happened in the story? What do the characters of the story think about and how do they feel? And finally, what will happen in the story?"

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Findings

Table 1: The description of the demographic characteristics

Group Variable	Healthy	Patients with cancer
Age	40.38±10.44	44.15 ±8.04
Married	24(92%)	19 (73%)
Widow/divorced	1(4%)	4 (0.15)
Single	1(4%)	3 (11%)

The characteristics of demographic table 1 for the two groups show that the average age of women who had both mastectomy and breast cancer was 44.14 and for healthy women it was 40.38. Also, married women in healthy group outnumbered others (92% against 73%). Instead, the number of divorcees and singles in groups of women with cancer were more.

In Table 2, we compared the responses of breast cancer women with mastectomy compared to the healthy women.

Table 2: The table of the difference of ratio of role perceptions in the two groups as divided in images

perception	Card Number	Positive Perception		Negative Perception		Vague Perception	
Roles		A	B	A	B	A	B
Spouse's Role	1	0.56	0.28	0.04	0.19	0.39	0.59
	2	0.16	0.41	0.83	0.41	0	0.16
	3	0.54	0.73	0.25	0	0.20	0.26
Relationship with the Opposite Sex	4	0.7	1.66	0	0	0.3	0
	5	1	0.66	0	0.16	0	0.16
	6	0.3	1.66	0.6	0	0.1	0.183

A= Patients with breast cancer
B =Healthy

In Table 3, by calculating the sum of the subject's responses in each category, we can compare the difference of proportion of their perception.

Table 3: The table of total difference of the proportion of role perception in the two groups

Perception	Sum of positive perception		Difference of proportion	Sum of negative perception		Difference of proportion	Sum of vague perception		Difference of proportion
Roles	A	B	n	A	B		A	B	
Spouse's Role	0.7	1.2	*5	1.94	0.78	1.45	0.33	0.98	*6.5
Relationship with the Opposite Sex	2	3.98	*2.60	0.6	0.16	*5.5	0.4	0.99	*6.5

A =Patients with breast cancer
B =Healthy

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DISCUSSION

We aimed to investigate the perceptions spouse's role and relationships with the opposite sex in breast cancer women with mastectomy compared to healthy women. In order to achieve this objective, qualitative methods and available sampling techniques were used; thus, the sample consisted of 26 breast cancer women with mastectomy in which their perception about the spouse's role and relationship with the opposite sex were compared to 26 healthy women using the Apperception Test which was constructed and analyzed by the researcher. The analysis for the difference of proportion of the data showed that there is a significant difference in both groups between the observed proportions in positive perception of the spouse's role and relationship with the opposite sex and negative perception of relationship with the opposite sex, vague perception of spouse's role and relationship with the opposite sex.

Possible explanations for the findings have shown, surgeries that result in losing a breast or lead to deformation can have a negative effect on sexual trends (sexual problems), quality of life (O'nen *et al.*, 2003), self-esteem, communication (Fobair *et al.*, 2006), mental energy, perceived stress caused by the disease and its treatment (Fann *et al.*, 2008), general cognition, emotional and behavioral aspects (Shoma *et al.*, 2009), body image which is the result of beliefs, thoughts, perceptions and feelings of an individual (Kelly *et al.*, 2001) and includes cognitive, behavioral and affective elements (Jakatdar *et al.*, 2006). Following the negative effects, the assigned roles to a woman as a spouse and relationships based on these roles are also affected.

In relation to perceived quality of a spouse's role, it turned out that the apparent change in the structure of the patient's body creates special problems for her role as a spouse, among those, one can refer to the fear of losing a spouse or divorce. Previous researches had emphasized that in the disease process, less attention is paid to the woman. The results of these researches were in line with the findings of present study (Manganiello *et al.*, 2011; Frierson, 2003; Clemmens, 2000; Avci *et al.*, 2009; Graziottin *et al.*, 2008). What is important in relation to the spouse's role is that although passing time can be effective on healing the disease like other traumas and relationships can be affected but creating an effective and necessary training for the spouses of this group of patients is also essential. In a survey in couples coping with cancer, it was determined that cancer impacts both interactive and emotional needs. Statistically, the effect of time was significant for both spouses on the scale of negative emotion, psychological distress and mental health. Performance in life roles, career, home environment and social environment has improved over time. Although perception of stable health has remained for the spouses, perceptions of the patients during their illness have improved (Hoskins, 1995).

As of relationship with the opposite sex, a qualitative analysis of the findings showed that sexual relationships as one of the most important elements of any relationship between the two sexes is strongly affected by breast cancer and mastectomy. The research findings are in line with these findings (Kudel *et al.*, 2008; Moin *et al.*, 2009; Jahanfar and Molayinejad, 2001; Schover, 1997; O'Mahoney and Carroll, 2004; De Haes *et al.*, 1986; Genz *et al.*, 1992; Arora *et al.*, 2001; Gerard, 1982; Holmberg *et al.*, 1989; Rosenqvist *et al.*, 1996; Schain, 1985; Schover *et al.*, 1995; Henson, 2002).

Recommendation for the Research

It seems if samples of the group were matched, the findings could have been by far more reliable. Therefore, it is recommended that other researchers in future researches make efforts on matching the members of the two groups.

The General Conclusion

No family goes without a problem. All of us encounter serious challenges and stressful events during the course of our life. While some families experience critical and catastrophic levels when faced with these challenges, other families can easily manage it. These challenges could be illness, divorce, and death of a loved one, disabling conditions, or working conditions. However, stressful events of any kind for the family's ability to function effectively expose them to a challenge (Seidi and Bagherian, 2011). A breast cancer patient is placed in a situation where the family is faced with the challenge and since the most prevalent of this disease is in the age that women are at the peak of their family responsibilities, career and social, the disease strongly influences the quality of life of other family members. This problem itself

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shows the importance of attention to the patients (Bakhtiari and Haj, 2006). Although medical interventions are effective in changing the quality of life, some of these changes are related to demographic characteristics, psychology and culture (Palmer *et al.*, 2007). Since breast cancer affects women's appearance, distorting their image of themselves and individual, family and community interactions can affect patients (Banning *et al.*, 2009). Given the importance of the quality of life of these patients, an increased number of survivors and the fact that women play an important role as mothers and wives in the family (Montazeri, 2008), understanding the concerns of life for these patients and related factors should be an important priority of the health care (Tsay *et al.*, 2012).

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