MARITAL SATISFACTION OF BREAST CANCER PATIENTS AND THEIR SPOUSES: A QUALITATIVE STUDY

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Abstract

This study is part of a larger PhD research project on marital satisfaction of Breast Cancer Patients and their spouses in the Discipline of Sociology. The study was conducted by using a mixed method design. An interpretative research approach was used to collect data from 12 couples confronting breast cancer to unveil their experiences of marital satisfaction, while data from 279 couples were taken through a survey. In this paper the qualitative finding will be presented to highlight the couples’ nuanced experience as a consequence of their diagnosis. The findings reveal that the majority of participants experienced distress in their marital relationship. Breast cancer-confronting couples stated that breast cancer affected their intimate and sexual relationship, besides acquainting them with individual psychological and mutual spousal issues. Difficulties in dealing with physical deformity and psychological effects resulting from breast cancer, and the ways these changes influenced their marital satisfaction, were observed by a majority of the participants. The findings suggest that couples with strong emotional bonding and understanding dealt with these consequences in a better way.

Keywords

Breast cancer, marital satisfaction, spousal support, sexual dissatisfaction
Introduction

Marital satisfaction is a multidimensional construct containing multifarious components, including communication quality, leisure collaborations, stability, and cohesiveness on family matters, e.g. finances and child rearing. The marital relationship depends on the perceived benefits and costs of marriage; greater perceived benefits reflect that the individual is more satisfied with the spouse and the marriage (Hendrick & Hendrick 1997; Kaplan & Maddux 2002; Sousou 2004; Sullivan 2001). Marital satisfaction is significant to family and society as it offers peace and security to individuals, makes their lives happier and healthier and enhances their performance in their professional and social lives (Zakhirehdari et al. 2015).

The term ‘breast cancer’ denotes a malignant tumor growing as a result of unusual and unrestrained cell development in the breast (Sarafino & Smith, 2014) due to different factors. For instance, age and biological sex are mentioned as primary risk factors in several studies (Chen et al. 2016; Hayes, Richardson, & Frampton 2013; Reeder & Vogel 2008) other risk factors include genetic (Jiang et al. 2018), certain hormonal imbalance (Yager & Davidson 2006; Shuster et al. 2010) dietary patterns, physical activity and obesity (Chlebowski, 2013; Cui et al. 2007; Patterson et al. 2010). Physical checkup of the breasts by a doctor and mammography are widely used to confirm whether a lump is cancer (Saslow 2004) along with ultrasound, MRI and biopsy (Berg et. al. 2012; Mendoza Portillo, & Olmos Soto 2013). Treatment of breast cancer depends on numerous factors (Lam et al., 2005), including characteristics of the disease (cancer type and stage), patient’s general medical conditions, age and personal preferences. In most cases, breast cancer treatment includes surgery, followed by either chemotherapy or radiation therapy, or alone; nonetheless amalgamation is preferable (Saini et. al. 2011).

Among the Asian countries, Pakistan has the highest frequency of breast cancer (Begum, 2018). The prevalence of breast cancer has been reported to be 30% to 40% among Pakistani women in the 40-year age bracket. This alarming situation is attributed not only to poverty and economic vulnerability; awareness of breast cancer has conspicuously risen in recent times following raised demand for diagnostic and treatment services (Pakistan Today 2017). It is argued that in the Pakistan, due to cultural expectations of purdah, the mobility of young women is restricted (Mumtaz & Salway 2005; Sathar & Kazi 2000). Women are reluctant to submit to breast examinations owing to culturally embodied shyness (Khan 2018) and discomfort with male health providers and often delay discussing the issue; they do not visit hospitals for screening and medical checkup until the very last stage. In a recent study, Agha and Tarar (2019) found that inadequate information coupled with delay has certain disastrous effects for women; females in their study sample accessed proper diagnostic and treatment facility belatedly.
The issue of marital satisfaction in couples following the diagnosis of breast cancer is highlighted by many researchers (e.g. see Boeding et al. 2015; Brandão 2017; Glantz et al. 2009; Keefe et al. 2005; Ming 2002; Nabizadeh and Mahdavi 2016; Song and Ryu, 2014; Walsh, Manuel, and Avis 2005; Yusoff, Reiko, and Ahmad 2012; Zimmermann 2015). There are studies to provide confirmation that diagnosis, then treatment of breast cancer, can result in relationship stresses, as this suffering may influence both communication and the sexual relationship of a couple (Ben-Zur, Gilbar, & Lev 2001; Holmberg et al. 2001; Lindholm et. al.,2002; O’mahoney and Carroll,1997; Shaheen et al. 2011) possibly resulting in marital dispute (Carter, Carter, & Siliunas. 1993; Northouse et al. 1998).

Inquiries about breast cancer as a threat to marital stability have stimulated considerable exploration in contemporary times (see e.g. Boeding et al. 2014; Boostani et al., 2015; Brandão et al. 2017; Charvoz et al. 2016; Eaker et al. 2011; Hagedoorn et al. 2011; Jensen et al. 2017; Morgan et al. 2011; Rock et al. 2014). Breast cancer diagnosis often follows an array of consequences for a female patient, her spouse and the entire family. The framework of illness, as well as of the treatment, is extremely traumatic. The couples essentially face an extensive array of modifications: biological besides physiological, intrapersonal as well as interpersonal. As a result, spouses together undergo further emotional suffering. It remains of worth to consider partners’ distress.

It appears that several aspects affect to marital satisfaction (Lucas et al. 2008) and a fulfilling life, including the spouse’s personality, intellectual maturity, degree of reciprocal understanding (Paleari, and Fincham 2015), mental stability (Aazami et al. 2015), financial aspects, spousal support, mate value, computability, love, intimacy, passion and sexual satisfaction. Regarding breast cancer. studies found that breast cancer impacts a couple’s psychological, physical, sexual, societal, interpersonal, domestic, professional and financial dimensions of life (Yusoff et al. 2012).

Breast cancer presents patients’ life partners with new life situations and is especially believed to influence spousal communication, mutual support, and marital satisfaction. Although breast cancer is regarded as a “couple's disease”, in Pakistan very little attention has been paid to the mutual experiences of couples or the social, psychological and emotional experiences of spouses of breast cancer patients (Kausar & Saghir 2010). Taking this as a point of departure, the major aim in this paper is to examine the nuanced experiences of patients of breast cancer and their spouses regarding their marital satisfaction through in-depth analysis of their lives. In doing so, the perspective of the spouses will be assessed to understand how the women cancer patients and their spouses construct their lives as couples. Including both partners in the study will add to the
existing body of literature about the marital and spousal issues faced by couples confronting cancer.

**Research Aim**

To examine the nuanced experiences of patients of breast cancer and their spouses regarding their marital satisfaction through in-depth analysis of their lives.

**Research Methodology**

The study used a qualitative approach aimed to gain comprehensive knowledge and understanding on the life experience of the couples confronted with breast cancer. The main reason for selecting qualitative inquiry was the fact that it gives voice to the study participants (Gibson et al. 2004). The Nuclear Medicine Oncology and Radiotherapy Institute (NORI) was selected as a location to recruit study participants. The study adopted a purposive sampling technique and 12 couples were included in the data collection process. I ensured that saturation was achieved using 12 couples (24 participants) by making sure that I didn’t hear any new information emerging from the interview. Purposive sampling is a non-random technique where the researcher sets out to find people who are willing to provide information needed by the researcher ((Bernard, 2017; Lewis & Sheppard 2006; Tongco 2007).

Selected female participants were patients either getting treatment at the time of data collection and/or on follow-up, who were recommended by their doctors and hospital staff. The willingness of the spouses was an important criterion for the selection process. Prior to the interview each respondent was informed about the sensitivity of the topic and the nature of the questions; their written consent was taken. Once assured of information confidentiality, most participants shared their experiences openly and bravely. A few times, female respondents got emotional while sharing their experiences, so they were given time to calm down and were given a choice to reschedule the interview, which only happened once.

**Study Participants and Demographics**

The demographics of the study participants selected for qualitative data are as follows: among 12 couples selected, the overall mean age of study participants was 45.8 years, while for female participants the age mean was 42.8, with the youngest respondent aged 35 years and the oldest female respondent aged 53 years. The minimum age of male respondents was 42, while the maximum age was 61 years; the mean of male respondents’ age was 48.9 years. The mean of couples’ married years was 14.16; the maximum married period of the
couples was 22 whereas one couple was married for only 07 years. Information about employment status shows that only two out of 12 female respondents were employed at the time of data collection, whereas one out of 12 male respondents was unemployed. The educational background of respondents showed that no male or female respondent was uneducated, although the education level varied as five out of 24 respondents were graduated, including three females and seven males. Out of a total of only 24 respondents, 10 respondents had primary to middle level education (five males, five females). Nevertheless, four female respondents had secondary education.

In-depth interviews of the couples were guided by a semi-structured interview guide. Each respondent was interviewed individually. The collected data was thematically analyzed in six phases as guided by Braun & Clarke (2006). Following each interview, all interviews were immediately verbatim transcribed, and data was scrutinized, in addition to highlighting important points in the transcript and coding the data. The data was coded to the point where no new codes occurred and non-emergence of new codes led to a saturation point. In the next step the meaning units were identified after coding and themes were labeled. Themes emerging through the participants’ responses and relevant to marital satisfaction were then grouped and labeled. These meaning units provided information and understanding about the experience of married couples where wives were suffering with breast cancer. The everyday expressions and lived experiences described by the participants were used to convert these statements into themes. Verbatim responses from the transcriptions have been used while reporting the data.

Interpretation of the participants’ experience was the final stage for the qualitative data analysis of the present study, accomplished by constructing how the couples individually defined their experiences. This stage also included examining what every study participant experienced and clustering each interview, in order to find the full essence of the experience. This multipart description of married couples delivered an enhanced understanding of the breast cancer experience and its influence on marital satisfaction.

Study Findings & Results

In this section the empirical data will be discussed through four themes. The themes presented here depict the views of both breast cancer patients and their husbands in order to unveil their experiences. Presenting the opinions of both the patients and their husbands will enhance our understanding of how the phenomenon is experienced differently by each partner.
Dealing with Physical Deformity & Psychological Issues

Breast cancer treatment is complicated and often involves complications. Chemotherapy has been reported to result in weight gain or loss (Parizadeh et al. 2012), nausea and alopecia (Pinto, Moreira & Simões 2011). The study participants in this study shared their experiences regarding the consequence of the treatment and their own coping strategies for the stress caused by these physical deformities, depending on their closeness and spousal relationship.

A female respondent gave a detailed description of her condition in the following words:

I was told by doctors that they will try to save my breast, but they didn’t. They first removed one breast, and a few months later the other breast was also removed. I don’t look at myself in the mirror. Sometimes I try to feel my breasts and get frustrated.

Physical deformity and complications leave devastating effects on females’ self-esteem and self-confidence. The women patients were not interested in getting dressed up or wearing makeup even for special occasions as explained by the participant below.

I no longer have the desire to wear new and beautiful clothes. I feel so ugly and unattractive when I see myself in the mirror.

Besides the psychological and emotional distress due to their altered bodies the women were deeply concerned about their husbands’ reactions. A female respondent shared her reaction to physical changes caused by chemotherapy and her fear of her husband’s reaction in these words:

I cried a lot when I first saw myself in the mirror. I was very worried about my physical appearance. I really wanted to look beautiful and charming because I knew my husband was going to react one day and he did. He often makes fun of me; later he says he is just teasing me, but deep inside I know how he feels.

The husband’s support and assurance are among the key factors of marital satisfaction, but most women with mastectomy were not very happy with the attitude and behavior of their husbands. The majority feared that their husbands might leave them at some point. A female patient explained this concern as follows:

He (husband) makes fun of me, not only through words, but his eyes and his gestures also speak and taunt me. I feel so depressed and frightened by the thought
of him leaving me because I am not able to fulfill his desires and am no longer attractive for him.

Hair loss and weight alterations were reported by almost every breast cancer patient as a temporary complication resulting from chemotherapy; the related stress and fear decreased as soon as the hair started to grow. Hence, adjusting to these complications was not as difficult as getting adjusted to the complications raised from mastectomy. The women who lost their breast/s admitted having greater stress, less confidence and a permanent feeling of loss.

On the contrary, male participants in the study reported different views about their wives’ altered bodies and the ways they adjusted to these complications. Almost every male respondent agreed that they found it difficult to adjust to their wives’ altered bodies and physical changes.

A male respondent stated:

It will be a lie if I say that she doesn’t look strange to me, but I cannot say that she looks ugly. She looks different and I still feel difficulty in adjusting to her altered body.

A survivor’s husband explained:

I cannot look at her scars; those are horrible and I feel bad when I see those scars. She feels hurt, but I cannot control my expressions.

These responses confirm the women’s verdicts narrated above. This confirmation evidences that men prioritize beauty over emotions and love. For them, women are just objects of pleasure who lose their significance when in the state of illness. Luckily, those women whose husbands supported and encouraged them through this hard time and stayed by their sides, felt more confident and satisfied as compared to those whose husbands were insensitive and less concerned about them.

A female respondent explained how her husband consoled her; she stated,

When he (husband) saw me with no hair, he smiled and said soon your hair will grow again, but you are still looking beautiful, although he had never told me before my condition was diagnosed that I was beautiful.

A male respondent stated,

She (wife) was worried about her hair so I told her that she is beautiful even without any hair. I wanted her to stay positive and strong.
In addition to physical deformity, females go through many psychological complexities and problems, mainly anxiety, mood swings, fear and aggression, as mentioned by many breast cancer patients and their husbands. Many female respondents reported experiencing emotional instability. In their perspectives, these were the result of fear of disease, physical suffering and exhausting treatment. A female respondent described her experience as,

I was a very calm and good-tempered person before the cancer hit me. Now I have become so short-tempered that at times I can’t even bear the noise of my own children, and I scold or beat them. I also fight with my husband when he doesn’t listen to me. People say that cancer medication damages the mental health; in my case, it is true.

Another participant said that she becomes overwhelmed by her emotions and fails to control them; she described her situation as follows:

I don’t know how to control my emotions; at times I am so angry and the very next moment I am like a child. My husband and family members seem fed up with this situation, but I am helpless and can’t change it.

These behavioral issues, following diagnosis and treatment of breast cancer, created difficult situations for couples. Male respondents stated that dealing with their wives’ behavioral problems was more difficult as compared to dealing with their physical illness, for it often resulted in spousal and family disputes.

A male respondent explained it in the following way:
She has become so irritable that I think a hundred times before saying anything to her because of her potential reaction; she either becomes aggressive or starts crying.

Another husband narrated his situation as follows,
She often fights with my mother and sister-in-law, despite the fact that they care and look after our children when my wife is unable to do so. I apologize to them to maintain the peace in the house.

Another male respondent stated,
My wife was of a very polite and unfussy nature. But now she has become so aggressive that we often fight over unimportant things because she doesn’t tolerate or forgive even a little mistake. Sometimes she becomes unbearable.
Many male respondents stated that their wives’ disease had numerous economical, psychological, social and career disadvantages for them as they couldn’t focus on important life matters. They were mentally disturbed and physically tired.

A male respondent shared the difficulties he faced following his wife’s illness,

When she was unable to do household chores, I had to take on her responsibilities which were very difficult to manage with my job and social life. I faced a lot of tension and problems in that time. But now things are under control.

The physical and emotional effects of breast cancer with relation to marital satisfaction were repeatedly expressed by both breast cancer patients and their husbands; however, husbands played an important role in females’ adjustment with altered bodies and psychological complications.

Changes in Intimacy & Romantic Relationship

Breast cancer patients and their husbands described the problems they encountered in their intimate and romantic relationships. Intimacy in its rawest form is closeness with another person. Relationship contentment is embedded in intimacy. Intimacy and romance can be expressed through acts and habits, such as when the wife cooks a favorite meal for her husband or the husband brings gifts for his wife or calling each other affectionate names or neglect each other’s mistakes. Breast cancer certainly reduced the romantic interaction and affected intimacy between couples, as the wives were emotionally unstable and less active sexually; feelings of fear and anxiety overcame their benign feelings.

A male respondent shared his views in the following words:

My wife never ate before I got home no matter how hungry she was. She always waited for me, but after her disease everything changed, and everything was about her disease, her treatment and her misery.

As a female breast cancer patient described,

I often don’t feel emotionally close and attached to my husband as our relationship doesn’t involve such tenderness and affection now. We both perform our duties and responsibilities as expected but nothing more.”

Many respondents experienced hesitation and reluctance when it came to expressing their love verbally to their wives. A respondent expressed his hesitation in the following words,
I do everything possible for her, paying for her treatment, taking care of the children, assisting her in household chores, even though I believe taking care of home and household is a woman’s job; but when it comes to expressing my affection and care in words, I cannot do it easily. Neither can I console her, nor can I express my own fears and insecurities to her.

But many female respondents reported that they felt angry and upset when their husbands don’t express their feelings verbally or don’t show their affection.

A female respondent expressed,

He never expresses his emotions and feelings, he thinks that by satisfying our financial needs or paying for my treatment is sufficient for us and we should be grateful to him; but I want him to stay with us, spend time with me and the children so we can feel our importance in his life.

A male respondent shared an exclusive reason for controlling his emotions, not expressed by any other respondent; in his words,

I am often reluctant to show my affection because she misunderstands it as a sexual advance and reacts strangely, which destroys my mood. She accuses me of wanting her to be more intimate than she feels comfortable with.

Interestingly many female respondents agreed to the above statement indirectly by stating that their husbands show affection only when they need sex; so females, on the basis of their previous experiences, misinterpret their husbands’ intentions and react annoyingly which effect their romantic interaction and spousal relationship and create distance among spouses.

The majority of female respondents reported that they had experienced complete support and care by their husbands following diagnosis of breast cancer, but this picture gradually changed as the disease prevailed long enough and husbands got irritated or fed up. A female patient explained it as follows:

Earlier, if I told him about my pain or suffering, he would calm me down by consoling me, but as time passed he started ignoring me. Now if I tell him something related to my disease, he acts as if he has not heard me or replies in a harsh tone.

Another female respondent, while sharing the change in her husband’s behavior, stated,
Marital Satisfaction of Breast Cancer Patients and Their Spouses

He gets irritated now although he hides his feelings, but I understand......love and assurance have different meanings for males and females. If any woman's husband gets sick, she forgets every other thing, even her children, and she spends her entire energy for her husband, but husbands never do any such thing for their wives.

A female respondent stated,

I do not blame my husband. No husband would love a wife who is ill and cannot fulfill her duties of housekeeping, who is not physically attractive and sexually active, and because of her the financial burden of the family has increased. At least I have never seen such a husband, so my husband is no different.

On the contrary, from a husband’s perspective, living with an ill partner is not an easy task as they experienced her poor psychological health. In addition, the burden associated with providing physical assistance made them less satisfied in their relationships with their wives. As expressed by a male respondent,

I care for my wife, but sometimes it gets so frustrating when I enter my house after a hectic day and I listen to her lamentation; at times I need a break from this situation, but I can’t have any.

The husbands of breast cancer patients faced difficulties in adjusting to their changed lives and routine due to the disease of their wives. They tried to manage their extra responsibilities, along with traditional roles, and duties that became very hectic and difficult for them, as is evident from the following statement:

She has changed a lot. She doesn’t speak much and even tries to avoid me, and I don’t have any idea as how to change this situation and attitude.

Love, intimacy and emotional bonding are essential for any couple’s marital satisfaction, but according to the majority of couples interviewed, they lacked these crucial elements of spousal relationship.

Sexual Complications & Dissatisfaction

Sexual satisfaction has proved to be a major contributor in marital satisfaction, and breast cancer affects the sexual performance of females. Sexual dissatisfaction among couples with a breast cancer patient was mostly the result of sexual dysfunction of the patients. Many respondents reported a decline in the frequency of sexual intercourse after their wives were
diagnosed with breast cancer. Nearly every patient and her husband abstained from intercourse immediately or barely engaged in sexual activities. Breast cancer affects an intimate part of the female body, so women become very conscious about their appearance and physical changes which, in turn, diminish females’ confidence and their performance in bed.

As a respondent explained,

I felt really ashamed after my mastectomy. It killed my sexual desire as I thought I was not beautiful or attractive for my husband. My self-esteem was so low.

While undergoing different treatment procedures, most women lost their interest in sex and their sexual desire. They reported feeling sex as disgusting and embarrassing; forced sex made them angry.

As a respondent angrily stated,

There remains no difference between a man and a beast when it comes to sex; he just wants to fulfill his desire and doesn’t care about his wife’s feelings and pain. How am I supposed to be happy about this?

Many female respondents stated that their husbands’ behavior and attitudes had altered after sexual displeasure. This change included mocking their wives or making comments; insulting, avoiding and getting angry about little things are common practices of men who are not sexually satisfied with their wives. A female participant shared her experience:

My husband is not a saint who will sacrifice his needs over mine, so when I refused sex his attitude changed. He became irritable and sarcastic. He started making comments which put me down.

A breast cancer patient shared the difficult situation she went through in the following words:

I feel very weak after chemotherapy and cannot perform sex properly. Despite this, my husband forces me to have sex with him more than once a week; he doesn’t care about my difficulty. He becomes a beast when he needs sexual intercourse and cannot differentiate between right and wrong. If I try to stop him, he turns violent.

In contrast to the women’s responses, the husbands had their own perspectives on the story. They blamed the women for behaving indifferently. They also seemed to be frustrated due to the sudden changes in their lives, especially the absence of sex as they desired.
A male respondent stated,

She has much pain (during sex) and makes such noises that I get irritated, like it’s not something new. We have been married for so many years, and she has suddenly started reacting as if this is a new thing which she doesn’t understand or is unable to perform.

Another respondent expressed his anger and discomfort as,

We barely have sex following her diagnosis of breast cancer. Sex is not a desire or luxury; it is a need that, if not fulfilled, badly affects a man. I feel frustrated and annoyed. I can understand that it is difficult for her, but she should also understand my situation.

Yet another respondent stated,

He, whoever says sex doesn’t affect the quality of marriage tells alie; sex is important. If my sexual needs are not met, I feel frustrated and irritable which affects my whole personality, my personal and social life as well.

However, despite the above responses many male respondents stated that their wives’ health and feelings are more important to them in comparison with their own desires and needs.

Another male respondent stated,

Sex is important, but not more than her health. I know her pain and troubles and how hard she is struggling for her life, and only a selfish man would think of having sexual pleasure from a woman in such times.

Hence, sexual satisfaction plays an important role in a satisfactory marriage, and clearly the above statements show that breast cancer had negatively influenced the sexual performance of females, resulting in relationship strain and spousal fights.

**Spousal Support for Domestic Responsibilities**

The last theme that emerged from the data associated with marital satisfaction was social support and shared domestic responsibilities. Diagnosis and treatment of breast cancer result in difficulty returning to usual domestic activities. Yet when questioned about how they manage their household tasks and responsibilities, many female respondents reported no or little assistance from their husbands in this regard. This situation remains a major dilemma for cancer patients, especially in the absence of any kind of formal social support.
from the state. Consequently, women had to struggle to manage their tasks by making personal efforts. This strain is evidenced in the following excerpt by a female respondent:

I try to do all household chores without any assistance or help. I fulfill all responsibilities of my children including their father’s, as well as taking them to school or for shopping.

Another female shared almost same experience:

Normally I perform household chores easily except the days after chemotherapy.... My husband tells me to do only those tasks which are very important. Otherwise he doesn’t let me do any tiring work.

Another female interviewee stated,

I never let him do anything. He never takes a glass of water for himself, and my disease has not changed his habits. He still expects me to do everything perfectly, and when I fail, he gets annoyed and uses harsh words in front of my children and other family members.

In the agreement with former female respondents, another added,

He has always been so cruel and mean to me that I never saw any joy in my married life. All expenses are taken care of by my family, yet he complains about my neglecting his chores. My life has no importance for him.

In the patriarchal society of Pakistan, domestic chores and child rearing are considered solely a female’s responsibility. From a very early age, men are socialized to this particular mindset. That is why many male participants expressed their anger and irritation about their wives’ inability to perform household routines. According to the men, domestic tasks are the sole responsibility of females, and they should never neglect their duties. A male respondent explained this point as follows:

How can I do cooking or do laundry? It is a female’s job. I earn for her and her children. I spend all day listening to people’s harsh words and bear all difficulties, so I can earn enough to feed my family, and then I am supposed to do tasks which are my wife’s responsibility.

Yet another respondent stated,

I don’t get angry or irritable, but I feel tired and sometimes upset too. I mean as a male I was never trained for housekeeping and I never thought I would need to do
such tasks. Washing my own tea cup is such a big task for me and I cannot manage household responsibilities.

These narratives clearly illustrate lack of support from male members. Nevertheless, some male respondents claimed to share their wives’ burdens and household responsibilities whether, it was cooking occasionally, doing dishes, ironing their own clothes or taking care of children’s needs.

A patient’s husband explained the way he took care of his wife by saying,

I don’t wake her up in the morning for my breakfast, and I iron my own clothes, as well as those of my children. If guests come, I bring food items from the market and prepare tea, and I also help my wife when she does the laundry.

A male respondent shared,

She cannot perform daily chores properly; she gets tired quickly, so I try to help her. The children are not close to me; they are close to their mother, and despite her disease they remained attached to her, so she has to take care of the children.

The above statements show that some husbands of breast cancer patients cared for their wives and helped them through their difficult times. Couples who shared domestic responsibilities were rather more satisfied. Unfortunately, this kind of support is very rare in the patriarchal set-up of Pakistani culture.

DISCUSSION

The findings of this study highlighted the complications resulting from breast cancer. Sexual complications seem to be the most prominent one influencing the lives of cancer patients and their spouses. Similar to the current findings, Alicikus et al. (2009) named poor sexual functioning while sexual dysfunction was stated by Fobair et al. (2006). An increased responsibility of husbands was revealed as they performed extra domestic duties and social burdens in response to their wives’ disease. Similar results were found when Silver (2009) testified that the healthy partner is precipitously confronted with much more responsibility when one partner gets a prolonged disease. The female respondents reported their husbands’ distress, and particularly their disconsolate moods and anxiety, as having great significance for their diseased wives. These findings are similar to the findings presented by Fang, Manne and Pape (2001); Lewis, et al. (2008); Roy, (2006); and Zimmermann and Heinrichs (2006).
Numerous factors were responsible for the husbands’ disturbed moods, including delayed or deferred everyday domestic chores; reduced/infrequent and dissatisfied sexual activities; revocation or adjournment of social events; as well as greater levels of responsibility in taking care of a sick life partner and children suffering emotionally and feeling neglected due to their mother’s disease. The husbands’ personal, social and psychological lives were reported to be directly affected by their wives’ disease, in accordance with the results of Zimmermann (2015) suggesting that partners deal with a difficult situation while managing a “double role”, in which they stand supportive to their spouses and deal with their own stress simultaneously.

Many couples reported that the breast cancer transformed their relationship negatively and confronted them with bitterness in their spousal relations, consistent with the findings of Zahlis and Lewis (2010). The intimacy of couples facing breast cancer was also negatively influenced but then again intimacy is one of the compelling predictors of marital satisfaction in wedded couples (Patrick et al. 2007); therefore, less intimacy and romantic interaction resulted in emotional distress and decreased marital satisfaction among breast cancer patients and their husbands. Moreover, intimacy bears different meanings for men and women. For females, an intimate relationship brings happiness and achieves greater satisfaction within the relationship. Conversely, men extend the effect of an intimate relationship to other areas of functioning.

It is evident from current data that men’s emotional intimacy intensifies through sexual interaction while women require emotional intimacy to be intimated sexually; decreased intimacy led to sexual dissatisfaction for breast cancer patients and their spouses. Previous studies confirmed a correlation between sexual satisfaction, marriage stability and quality of life (Sprecher 2002; Yeh et al. 2006), and significantly to cancer patients’ quality of life (Gerrero & Weber 2001). Sexual functioning of patients and sexual satisfaction of couples was unquestionably diminish either by physical effects, including fatigue, hot flushes, pain and sleep disturbance (Janz et al. 2007), vaginal dryness (Ganz et al. 1999), agonizing coitus (Speer et al. 2005), and reduced libido (Avis et al., 2004), as well as dearth of sexual desire (Foster et al. 2009). Similar to the findings of Dye (2008), female participants shared that their individual body images and satisfaction with their relationships was directly affected by their husband’s perception of their body image.

Dealing with and adjusting to an altered body was not solely the patients’ issue but rather for their husbands also. As mentioned by male respondents they faced difficulties while adjusting to physical complications and altered bodies of their wives, especially during sexual intercourse. These findings match those of Sprecher (2002) who found that men’s sexual satisfaction dominates the relationship when compared to females’ sexual satisfaction; and of Byers (2005) who asserted that in comparison, sexuality is supposed to
be more important to men. Although respondents shared assorted experiences in the present study, the couples where men were sexually satisfied with their wives were more contented in general.

Breast cancer patients described greater marital satisfaction associated with increased support from spouses. Several survey studies on the same subject (e.g. Hagedoorn et al. 2000; Hinnen et al. 2008; Kuijer et al. 2000; Langer, Brown and Syrjala 2009; Richter, Rostami and Ghazinour 2014) have revealed substantial associations between partners’ existing supportive behavior and patients’ relationship satisfaction. The participants in the current study also ratified the existing data. Women having supportive husbands reported less stress and more physical and emotional strength to cope with their disease, in addition to less distressed married life and infrequent spousal conflicts; similar results were found by Agha and Tarar (2019). Men and women revealed the behavioral changes that occurred in them as well as in their spouses. As time passed, and the disease was prolonged, male spouses experienced exhaustion and frustration. They stated that their life partners’ physical and emotional distress tested them to their limits.

Conclusion

In the light of these findings, it can be concluded that women suffering from breast cancer have the dilemma of dealing with psychological and physical changes as a result of the disease, but at the same time they have to worry about how their husbands treat them in their day-to-day encounters. The narratives of women clearly highlight the challenges they must encounter in dealing with these changes. On the other hand, the husbands’ verdicts too are worth consideration. They too seem to be overburdened with responsibilities, which otherwise are taken care of by their wives. Importantly, marital satisfaction of both the breast cancer patients and their husbands seem to be greatly embedded in feelings of intimacy, sexual pleasure, and body image; these were perceived and defined differently by the women and their husbands. Hence, breast cancer has influenced their relationships, either through creating new difficulties or by magnifying already existing problems.

Recommendations

These findings suggest that patients and their partners experience diminished marital satisfaction and henceforth might benefit from psycho-social support post-diagnosis and during treatment to prevent marital distress. Therefore, professional information-providers and counselors must be engaged in hospitals and clinics to guide and support patients and their spouses.
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