



Marital Adjustment in Women after One Year of Mastectomy

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Abstract

Marital adjustment becomes acceptable when there is mutual understanding, agreement, intimacy and accommodation for each other. The pattern of marital adjustment between a husband and a wife gets disturbed due to the changes brought about by the chronic illness called breast cancer which has both physical as well as psychological impact. The aim of the study was to assess the marital adjustment in women after one year of mastectomy. For this purpose, the sample consisted of 30 women (15 in study group and 15 in control group), who were selected through Purposive sampling technique. The Locke & Wallace Marital Adjustment Test (MAT) was used. The results concluded that marital adjustment is poor among women with mastectomy as compared to women with hysterectomy ($t = -2.359$; $p < .05$ and $\text{Sig} = .026$).

Keywords: Marriage, marital adjustment, breast cancer, mastectomy.

Introduction

"Marriage and family are not optional: they are necessary. They meet man's deepest needs"

-Landis, 1954

Marital adjustment is an acceptance between the couple to the extent where there is presence of companionship between the two, agreement on the need for affection and intimacy and also accommodation which the couple provides each other (Lock and William, 1959). One of the major reasons which disturb the pattern of marital adjustment between a husband and a wife is due to the changes brought about by the chronic lifelong illness called cancer which has both physical as well as psychological impact. Breast cancer is known to be the most frequent occurring disease prevalent today among women. It also has a negative prognosis causing a great amount of stress because the treatment involves complex procedures for a long period of time. The approximate age of onset of diagnosis of breast cancer is below the age group of 40 years among 7 % of the women. This estimate accounts for more than 40% for all age groups to be diagnosed with all types of cancer (Anders et al 2009).

The study mainly focused on mastectomy which is the treatment received after the diagnosis of breast cancer. After women are diagnosed with breast cancer, they are given treatments such as mastectomy and other medical interventions. This leads to numerous side-effects in their body which also consists of appearance distortions and related problems which possess a major impact on women's self-identity as well as social identity. Mastectomy has become a frequently employed treatment method for breast cancer which involves surgically cutting the breast followed by disengagement of the breast with cancer tumour in an operation. Mastectomy not only distorts the body image but also leads to a variety of feelings such as depression, anxiety, aggression as well as insecurity. Women who undergo mastectomy face loss of roles in terms of responsibility on the home as well as professional grounds. They also have to deal with swinging relationships and breakdowns. They have immediate dependency issues which adversely affects their marital status. Apart from undergoing a major bodily transformation, mastectomy also endangers a woman's femininity and sexuality.

A change in the body condition also leads to changes in the self perception due to changes in the appearance which women come across as the treatment procedure progresses (Kaiser, 2008). The treatment also brings about a flow of emotional turmoil due to changes in the appearance that harms the self identity of the patients which can be improved through psycho-education, counselling, psychotherapy and social support (Mehnert & Koch, 2007). Another issue which comes after mastectomy is the body deformity. Although some women are found to believe that removal of breast is an ideal decision as it kills the chances of relapse of the cancer which is any day important whereas some women are concerned about the unpleasant effects of the various therapies such as radiation therapy used to treat breast cancer (Margolis & Goodman, 1984).

Mastectomy, among women who undergo this surgery after diagnosed with breast cancer not only adversely affects their own perception about body image but also may lead to decrease in their sexuality and the desire to have sexual intercourse with their husbands (Dorval et al., 1999 & Huber et al., 2006). Some research studies conducted suggest that those couple who had a positive marital relationship before the wives undergoing mastectomy, continued to have a good and healthy relationship after the surgery as well (Dorval et al., 1999). On the other hand, other researchers suggested in contrast that majority of the husbands isolated their wives and separated or got divorced due to the anxiety and tension that they too might catch some kind of disease through sexual intercourse with the wives who had breast cancer (Dorval et al., 1999). In a study conducted by Aydin & Kumcagiz (2011), The aim was to assess the compatibility with the husbands as well as the level of loneliness during the post-mastectomy period. A sample of 48 women with mastectomy and 44 husbands were included in the study. A questionnaire form, the dyadic adjustment scale, and UCLA loneliness scale were used to process the data. It was concluded that the marital relationship between the husbands and women with mastectomy was as bad after the surgery as compared to the situation before the surgery.

Most of the studies indicate that the treatment of mastectomy result in more of emotional suffering than the physical pain in the body experienced by these women (Margolis & Goodman, 1983). In another study the marital adjustment and the interactional pattern between the married couple after two to three years of mastectomy for stage 1 breast cancer was explored by Carter, Carter & Siliunas (2008). 14 couples were selected as samples and they were given several inventories to measure the marital adjustment. To analyse the patterns of interactions, videotapes of standardized interviews were rated. Interactional patterns revealed that the couples were not found to be psychologically stressed and the husbands had accepted the wife's illness and showed a healthy adaption to the relationship. However, marital adaption revealed that there is significant difference in the level of cohesion between the couple as well as on consensus. The results also indicated significant difference in the patterns of enmeshment and fluidity of adaption. Thus, the findings suggested serious marital pathology. A preliminary study in which twenty post-mastectomy women and their husbands were examined for adjustment and family relations was conducted (Baider & Nour 1984). To measure adjustment, the Psychosocial Adjustment to Physical Illness Scale and the Brief Symptom Inventory was used. Family relations were assessed by the Family Environment Scale. The main findings revealed a high correlation between the levels of adjustment between the couple. Furthermore it was noticed that there was a tendency of the husbands' adjustment to get worse with time and/or with addition of treatment.

Loss of breast is compared to a stigma in the society which becomes unmanageable by the women who undergo this loss (Goffman, 1963). This may lead to denial in women to accept their loss and it becomes maladaptive in nature. Treatments such as mastectomy which are facilitators of such denials are not always psychosocially helpful for such women (Lazarus & Folkman, 1984). The effect of mastectomy on self-esteem, body image and marital adjustment was investigated in another research (Ucar & Uzun 2008). The sample consisted of a total of 104 participants, 52 women who have undergone mastectomy and 52 women who are healthy as the control group. The two groups were compared analytically. The researchers used three scales namely, Body Cathexis Scale (BCS), Rosenberg Self-esteem Scale (RSS) and Dyadic Adjustment Scale (DAS). The results showed that the mean scores obtained on all the three scales indicated that marital adjustment, self-esteem and body image were less than the mean scores obtained by the healthy women. Thus, the findings confirmed the negative impact on all the three aspects in women with breast cancer.

Research has found that it becomes easier for the patients to cope up with their surgery if they get adequate amount of support which helps her to accept her bodily changes after the treatment. Husband's reactions towards the wife's treatment and the consequent changes play a major part in helping the wife to accept herself the way she is regardless of the age of the wife or the treatment type she opted for (Salter, 1997). Therefore, the main rationale of the study is to understand whether marital relationship is impacted by the experience of the surgery since marriage is an interdependent system

Aim of the Study

The aim of the study is to assess the marital adjustment in women after one year of mastectomy.

Hypothesis

There is poor marital adjustment in women after one year of mastectomy.

Method

A quantitative research design was preferred because the study focused on solving the stated research problem by statistically treating the data and analyzing it. Two groups were selected for the comparative study. The study group comprised of 15 women who were married and have specifically undergone mastectomy after diagnosis of breast cancer. The control group comprised of 15 women who were married and have specifically undergone hysterectomy without the presence of cancer. The rationale behind selecting women with hysterectomy is because hysterectomy results in the removal of uterus which leads to numerous physical as well as psychological side effects and ultimately hinders a women's marital satisfaction as she is no more able to experience woman hood and sexuality level also deteriorates. Thus, the control group becomes comparable to the study group which consists of women with mastectomy after diagnosis of breast cancer as both the method of treatment leads to issues in marital adjustment (Keskin & Gumus, 2011). The age range for both groups was 30 to 40 years. The data was collected from various private hospitals and to approach the participants, the researcher either contacted the patients and visited at their homes or approached them when they went to hospitals for follow ups or during their stay in the hospitals post surgery.

Tools for Data Collection

Socio-demographic details were obtained from the participants and The Locke & Wallace Marital Adjustment Test (MAT) was administered. The scale was developed in 1959 by H.J. Locke and K.M Wallace. The Scale measures marital satisfaction, which is realised when the couple feel satisfied with each other and the marriage works out for the two, also when the couple find out common interest in activities and realize that both are able to fulfil each other's expectations (Locke, 1951). The MAT is the gold-standard of public domain marital satisfaction measures. The scale focuses on issues such as involvement in joint activities, demonstration of affection, frequency of marital complaints, level of loneliness and well-being, and partner agreement on significant issues. It is a 15 item instrument which purports to measure marital adjustment. Initially the instrument examined the general impression of marriage happiness on a continuum from "Very Unhappy" to "Perfectly Happy". Secondly, specific statements and questions were given to which the examinee was asked to respond.

Data Analysis

After the response sheets were collected, the responses were scored and analyzed using Statistical Package for Social Sciences version 16 (SPSS). The personal and demographic details were analyzed using descriptive statistics. t-test has been used to find the significant difference between study group and control group.

Result

Table 1 Mean age of Study group and Control group

Variable	Mean (Study Control)	Mean (Control Group)	Minimum	Maximum
Age	38	37	32	40

Table 2 t test scores of Study Group and Control Group

Groups (Women with mastectomy and women with hysterectomy)	N	Mean	t	Sig (2-tailed)
Study group	15	84.133	-2.359	
Control group	15	1.0133E2	-2.359	0.026*

* $p < 0.05$

Discussion

The current study was conducted by the researcher to assess marital adjustment in women after one year of mastectomy. As the number of mastectomy surgeries is increasing, the relationship between husband and wife is also getting disturbed with the intensity of the surgery affecting the women. Diagnosis and treatment of breast cancer has major psychological impact and a disturbed sexual life. The common intuition of people that the initiation of breast conservation treatment and techniques will be followed by deterioration of psychological stress, which women experience after mastectomy, has not been a matter of realisation yet (Fallowfield and Hall, 1991). After mastectomy women face difficulties in the three major areas namely, mental, emotional and the sexual phase. These areas are mainly related to the frequencies associated with the anxiety about the recurrence of disease (75%), fear of death (24%) as well as body image issues and inadequate sexual attractiveness (19%) (Hudziak et al, 2011).

As it was discussed by the researcher in this paper, mastectomy is an elaborate form of surgery which is followed by distortions in the body image caused due to the amputation of the breast to cure breast cancer, which in turn becomes fatal for marital partnership among two people (Meyerowitz, 1995). This loss of an important organ from the body results in lack of self-confidence, loss of self-fulfilment especially experiencing motherhood. Mastectomy does not mean disability in any form as the procedure involves breast amputation but rather it denotes disfigurement in the mental sense (Piatek et al, 2004).

Mastectomy, as shown by research is an upcoming surgery which prevents breast cancer and also causes significant distress among married couple as well as disturbs marital adjustment. To find out the level of distress and the areas which are prominently disturbed in a marital relationship, the researcher felt the need to assess marital adjustment among women with mastectomy. Thus, researcher's study group is those women who underwent mastectomy. As hysterectomy is another major type of surgery which impacts the marital adjustment of women as proved by researches done earlier, researcher chose women with hysterectomy as the control group to compare with the study group in order to work on the hypothesis stated by the researcher.

The present study is Quantitative in nature where marital adjustment in women after one year of mastectomy and one year of hysterectomy was assessed using the Locke and Wallace Marital Adjustment Test (MAT). A sample size of 30, 15 in Study group and 15 in Control group was selected using Purposive sampling.

The age group selected for the present study was 30 to 40 years. The mean ages of study group is 38 and mean age of control group is 37. According to the findings, the maximum age of women who participated in the research is found to be 40 and the minimum age of participation in the research is found to be 32.

The difference between the Study group and Control group was analyzed. The t test value for study group and control group is -2.359 and -2.359 respectively and the significance is 0.26. Since the value is below 0.05, the value is significant ($t = -2.359$; $p < .05$ and $Sig = .026$). In other words, there is a significant difference between the two groups. Although the significance is not much, but there is a moderate significance between the two groups, the mean also shows a difference between the two groups. This means that there is poor marital adjustment in women after one year of mastectomy. The results also indicate poor marital adjustment scores for control group.

The data collected also show a significant low scores on the areas which the scale mainly focuses on such as involvement in joint activities, demonstration of affection, and frequency of marital complaints, level of loneliness and well-being, and partner agreement on significant issues. As supported by the literature, the sexual functioning of the

women who underwent mastectomy resulted in deteriorated desire; perhaps, the sexual sphere is regarded as the most prominent influencer on the marital life of a couple (Jones and Reznikoff, 1989). In a study conducted to assess the sexual life of women who were treated for breast cancer, the results showed 28% of the women to have a good sexual life, 48% found it satisfactory and 24% found it to be poor. When these women were questioned about the reasons behind the worsening marital conditions, it was found that women were frequently anxious about their health, mood was low due to their body image and appearance issues as well as they had troubled physical contact with their partners (Barini and Rondin, 1997). As concluded by another study supported in the review of literature that the marital relationship between the husbands and women with mastectomy was as bad after the surgery as compared to the situation before the surgery (Aydin & Kumcagiz 2011).

Also, to support the result, the studies that have been done prior to this have revealed that the interactional patterns between the couple was not found to be psychologically stressed and the husbands had accepted the wife's illness and showed a healthy adaption to the relationship. However, marital adaption revealed that there is significant difference in the level of cohesion between the couple as well as on consensus. The results also indicated significant difference in the patterns of enmeshment and fluidity of adaption. Thus, the findings suggested serious marital pathology (Carter, Carter & Siliunas 2008).

Even though the result show a significant difference, the marital adjustment scores in case of the control group which is women with hysterectomy also show a poor result. In case of the control group as well the scores obtained on the areas focused in the scale used in the present study namely, involvement in joint activities, demonstration of affection, and frequency of marital complaints, level of loneliness and well-being, and partner agreement on significant issues are poor. As supported by the literature stated by the researcher, physiological sexual arousal is significantly impaired in women with hysterectomy according to a study conducted (Meston, 2004). Women who had undergone hysterectomy had deteriorating condition regarding body image, self-esteem and marital adjustment (Pinar et al., 2012). Thus, the results show significance difference but on a moderate level.

Conclusion

The current study was conducted to assess marital adjustment in women after one year of mastectomy. Recent researches are more focused towards the satisfaction and adjustment with life of patients in totality and also those factors which help to develop psychological flexibility against life threatening scenarios (Heszen, 2008). Among such life threatening conditions, breast cancer is one of the major oncological illness that is capable of threatening a women's physical health (Horner et al., 2006; Ell et al., 2005).

Therefore, several coping mechanisms could be effective in order to reduce the distress caused due to the surgery. Such coping mechanisms are important so that women post mastectomy can adapt to their usual life satisfaction and adjustment despite their illness. Mastectomy leads to extreme stress followed by depression and anxiety among women (Wimberly et al., 2005; Andrykowski et al., 1998). Some studies have revealed that patients who underwent mastectomy experiences positive life satisfaction when their counterparts expressed positive emotions such as love, gratitude and hope in order to suppress the negative emotions post surgery (Fredrickson et al., 2003).

Post mastectomy, one coping mechanism which women adopt is denial about having a mastectomy which in turn decreases her self esteem and as a result decreases her self-image too (Ashley, 2014). In such cases, support from husbands and also family members is the biggest coping mechanism for such women. As a woman feels unattractive and lacks confidence about her appearance post surgery, she begins to lose her sexuality and her confidence in confiding to her husband. In order to mend that, healing happens when husband and family members provide constant support and reassurance to these women about her body image. Thus, gradually with time they gain back their lost libido and start feeling confident about her relationship with her partner (Ashley, 2014).

Results above indicate that there is a significance difference between the study group and the control group and that there is poor marital adjustment in women after one year of mastectomy indicates that such coping strategies can prove to be helpful for women to maintain a healthy relationship with their partners. For a woman after mastectomy, acceptance from husband is the biggest therapy which can be used as a coping mechanism. Hormonal treatments and therapies help women after surgery to redefine their intimate relationship and most importantly communication with partner and taking it gradually forward helps to cope (Conville, 2014).

Although the scores obtained by the study group is much poorer as compared to the control group, the results obtained from the present study also indicate poor scores for control group. Women who undergo hysterectomy also suffer from marital adjustment problems post surgery as indicated by MAT scores. Thus, coping strategies similar to those suggested for mastectomy can be applied to women with hysterectomy as well.

Therefore, from the present study the researcher can conclude that the overall marital adjustment among women after one year of mastectomy is poor and several coping mechanisms can be useful to maintain the relationship. Studies have suggested that various techniques such as marital counselling and post mastectomy couple counselling have a positive outcome (Christensen, 1983).

Limitations of the Study

The sample size was relatively very small (N=30) as it is difficult to get women who have undergone these surgeries and their time to fill up the given questionnaire following instructions. One of the major limitations is since the sample size is small (N=30), the results obtained from the present study cannot be generalised to the population. Since it the data collection took place in hospitals, certain extraneous variables were not possible to control. The data was collected through Purposive sampling; hence generalization has to be done carefully. Language barrier, since the questionnaire is in English, only those women who can read English were suitable for the study.

Implications of Future Research

Since most of the literature shows disturbed marital adjustment in women post mastectomy, the present study can be used as a strong foundation to support similar studies in the field of breast cancer and mastectomy as well as hysterectomy. Using the results of the present study further research can be done to develop intervention strategies, coping mechanisms and counselling techniques post surgery. Also, the results can be utilised to develop therapies and techniques to overcome marital adjustment issues among women. To understand the patient's way of coping and maintaining marital relationship, further studies are required, especially in Indian scenarios, as there is a deficiency of Indian studies in this field. Additionally, future studies are also required to study the influence of socio-economic strata and cultural factors that might influence marital adjustment after surgery.

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