

## Psychological problems among husbands of women diagnosed with breast cancer in Punjab, Pakistan

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### Abstract:

The study examined the psychological health status of husbands whose wives were diagnosed with breast cancer. It was hypothesised that husbands of women with breast cancer would significantly suffer from more psychological distress, stress, anger, and somatic symptoms than husbands of healthy women. Using the purpose sampling method, a total of hundred participants ( $n = 100$ ), including fifty husbands of women with breast cancer, while fifty husbands of women without breast cancer (healthy women) were selected from Faisalabad, Punjab, Pakistan. The ages of husbands ranged from 31 to 50 years with mean age ( $M = 41.57$ ;  $SD = 5.91$ ). Data was gathered through the Personal Information Form and other measures like the Psychological Distress Scale, Subscales of Stress, Anger and Somatic Symptoms Scale. Statistical analysis through independent samples t-test revealed a significant difference among husbands of women with and without breast cancer in relation to psychological distress, stress, anger, and somatic symptoms. Husbands of breast cancer patients are more prone to develop psychological problems as they encounter extremely tough challenges in life. From acceptance to breast cancer treatment, they face new hurdles with constant psychological pressure in psychological issues like psychological distress, stress, and somatic symptoms.

**Keywords:** breast cancer, psychological distress, stress, anger, somatic symptoms, husbands, women, disease, healthy women, women with breast cancer, breast cancer patients.

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## 1. Introduction

In fact, every one of us desires a harmonious and satisfactory marital life with an abundance of love and intimacy. These positive elements of marital life further strengthen the psychological well-being of both partners. Physical, psychological, and social deterioration on the part of one partner adversely influence the health of another partner. When one of them has serious physical or psychological illness, another one gets mentally disturbed. Epidemiological studies revealed that diagnosis of chronic disease in one partner is the source of emotional pain in another partner. Breast cancer is one of those chronic illnesses that not only affect patients but also like an earthquake for the spouse and entire family as well.

Scientific evidence has vividly shown the deleterious impact of breast cancer on families. A severe caregiving burden was observed with respect to breast cancer (Tao et al., 2022). Another study found out the significant consequences of depression and anxiety as the result of cancer for families of cancer patients suggesting that cancer affected the families besides ruining the health of patients (Edwards & Clarke, 2003). Parental cancer robustly affected minor children in terms of quality of life and psychological disturbances (Inhestern et al., 2021). Cancer emerged as the crisis for patients and their family members such as: emotional strain, sexuality, existential concerns, uncertainty, fear and so on (Lewis, 1986). Disease severity, functional status and family income were most important factors in respect to quality of life (Kusi et al., 2020). Spousal caregivers experienced mild to severe level of depression as the function of their partner with breast cancer (Sahadevan & Namboodiri, 2019).

Breast cancer can aggravate psychological distress among couples that further impairs their dyadic functioning (Zimmermann, 2015). As a result, severe challenges become threatening for their marital adjustment as well (Brandao et al., 2017). Partners of breast cancer patients suffered from more distress, while they had reported on ungratified need regarding health system and information (Goerling et al., 2020). The spouses of breast cancer patients reported greater anxiousness and depressive symptoms, less social, psychological, physical and as well as general quality of life (Moreira & Canavarro, 2013). Tension was higher among spouses of breast cancer patients (Bueno-Robles & Soto-Lesmes, 2016). As compared to patients, their spouses experience more psychological distress, depression, and anxiety (Hasson-Ohayon et al., 2010). Husbands of women with breast cancer encountered mental challenges such as: psychological disturbance, depression, low tolerance, mental conflict, aggression, and fear of death of spouse (Barani et al., 2019). Spouses of cancer patients reported difficulties in psychosocial adjustment (Peleg-Oren et al, 2003). Husbands of women with breast cancer had more depression but less problem-focused coping (Bigatti et al., 2010).

Predetermined cultural roles demand the fulfillment of daily responsibilities from both partners. Women are generally caretaker of homes managing house chores, child rearing, etc. Men in South Asian societies are dependent on their women. When women are on bed, husbands are also on the edge of continuous apprehension. It is not less than a disaster for a man when his wife is diagnosed with chronic disease like cancer. Eventually, their psychological health is at risk till the recovery of their wives. Keeping it in view, the present study has been designed to address the psychological problems among husbands experience due to the life devastating disease diagnosed in their wives. For that purpose, it has been assumed that husbands of women diagnosed with breast cancer will significantly report more

psychological distress, stress, anger, and somatic symptoms than husbands of women without breast cancer.

## 2. Methodology and procedure

Computation of Means: Difference between two independent means via G-Power Software with large effect size (0.8) and statistical power of 0.95 at alpha level of 0.05 gave the value of minimum 70, minimum required sample for the present project, while 35 for each group. With immense effort, total fifty husbands ( $n = 50$ ) of women diagnosed with breast cancer, while fifty husbands of women ( $n = 50$ ) without cancer (healthy women) were successfully recruited using purposive sampling method. The ages of the participants of both groups ranged from 31 to 50 years with mean age ( $M = 41.57$ ;  $SD = 5.91$ ). Grade ten was the minimum qualification of the participants. Besides, their wives were also free from other chronic diseases and physical disability. Furthermore, unemployed, drug abusers, physically disable or father of special/physically disable children were not selected for present research purpose.

Table 1: Summary of demographic characteristics of the participants

| Demographic Characteristics | Husbands of women with breast cancer (n =50) |     | Husbands of women with breast cancer (n =50) |     |
|-----------------------------|--|-----|--|-----|
|                             | <i>F</i>                                     | %   | <i>F</i>                                     | %   |
| Age                         |  |     |  |     |
| 31-40                       | 19   | 38  | 27   | 54* |
| 41-50                       | 31   | 62* | 23   | 46  |
| Educational Level           |  |     |  |     |
| Grade 10                    | 02   | 4   | 00   | 00  |
| Grade 12                    | 07   | 14  | 05   | 10  |
| Grade 14                    | 03   | 6   | 12   | 24  |
| Grade 16                    | 18   | 36* | 09   | 18  |
| Above/Other                 | 10   | 20  | 24   | 48* |
| Employment Status           |  |     |  |     |
| Service/Job                 | 31   | 62* | 26   | 52* |
| Business                    | 19   | 38  | 24   | 48  |
| Socio-economic status       |  |     |  |     |
| Lower                       | 08   | 16  | 00   | 00  |
| Middle                      | 39   | 78* | 47   | 94* |
| Upper                       | 05   | 10  | 03   | 6   |
| Family System               |  |     |  |     |
| Nuclear                     | 19   | 38  | 13   | 26  |
| Joint                       | 31   | 62* | 37   | 74* |
| Duration of Marriage        |  |     |  |     |
| 1-10 years                  | 11   | 22  | 19   | 38  |
| 11-20 years                 | 24   | 48* | 27   | 54* |
| >20 years                   | 15   | 30  | 4  | 8   |
| No. of Children             |  |     |  |     |
| >5                          | 32   | 64* | 41   | 82* |
| 5 or above                  | 18   | 36  | 9  | 18  |

For data collection, demographic information, and Urdu version of Psychological Distress Scale (10- items) Stress Subscale (7-items) of DASS-21, Anger Subscale (7-items) of Aggression Questionnaire and Somatic Symptoms Scale (8-items) were used for screening out the psychological problems among participants. Reported reliability of Psychological Distress ranged from 0.42 to 0.74, for Stress Subscale is ( $\alpha = 0.83$ ), for Anger subscale is ( $\alpha = 0.88$ ) and for Somatic Symptoms Scale is ( $\alpha = 0.92$ ). To collect the data from the husbands of women who were diagnosed with breast cancer and registered in the hospital for receiving the treatment, consent from hospital administration and then from the research participants was taken using informed consent form. Research objectives, procedure and benefits associated with present project along with the ethics of confidentiality were also brought into their knowledge. In individual meetings with the participants of both groups, all measures were administered on them after briefing the research objectives and procedure as well. Having completed the data collection procedure, all participants were thanked for spending precious time.

### 3. Data analysis and results

Data were statistically analyzed through SPSS version 25. Descriptive statistics, Shapiro-Wilk normality test and independent samples t-test computed for analysis of the raw data.

Table 2: Summary of Shapiro-Wilk Normality Test

| Variables              | Husbands of women diagnosed with breast cancer<br>( <i>n</i> = 50) |          | Husbands of women without breast cancer<br>( <i>n</i> = 50) |          |
|------------------------|--|----------|---|----------|
|                        | <i>Statistics</i>  | <i>p</i> | <i>Statistics</i>   | <i>P</i> |
| Psychological Distress | .969   | .21      | .925  | .004     |
| Stress                 | .968   | .18      | .975  | .365     |
| Anger                  | .964   | .13      | .940  | .014     |
| Somatic Symptoms       | .972   | .29      | .965  | .14      |

Table 3: Mean difference among participants of both groups

| Psychological Problems | Husbands of women diagnosed with breast cancer<br>( <i>n</i> = 50) |           | Husbands of women without breast cancer<br>( <i>n</i> = 50) |           |
|------------------------|--|-----------|---|-----------|
|                        | <i>M</i>   | <i>SD</i> | <i>M</i>  | <i>SD</i> |
| Psychological Distress | 28.78  | 9.22      | 15.98   | 4.31      |
| Stress                 | 18.68  | 7.08      | 12.00   | 4.25      |
| Anger                  | 19.18  | 4.32      | 17.90   | 5.67      |
| Somatic Symptoms       | 10.70  | 5.17      | 8.56  | 4.21      |

Table 4: Independent samples t-test indicating significant difference among participants

| Psychological Problems | <i>t</i> | <i>df</i> | <i>p</i> | <i>Cohen's d</i> |
|------------------------|----------|-----------|----------|------------------|
| Psychological Distress | 8.89     | 98        | .000     | 1.77             |
| Stress                 | 5.71     | 98        | .000     | 1.14             |
| Anger                  | 1.26     | 98        | .208     | 0.25             |
| Somatic Symptoms       | 2.26     | 98        | .026     | 0.45             |

#### **4. Discussions**

Cancer is a chronic disease experienced by the entire family that becomes the source of numerous challenges and stress for all family members (Wozniak & Izyki, 2014). In country like Pakistan, people with financial strains and various family responsibilities come under enormous pressure when their family member is diagnosed with cancer. This pressure is likely to be escalated when a woman, who is a wife and mother also, suffer from the chronic disease of cancer. The present findings depicted that husbands of women diagnosed with breast cancer have more psychological distress, stress and somatic symptoms as compared to those whose wives were healthy and saved from all types of cancers (Table: 4).

It demonstrated that husbands experience immense stress and tension when their wives suffer from cancer. Cancer has significant impact on the physical, psychological, emotional and as well as spiritual health of the protectors or caretakers of cancer patients (Mbozi et al., 2020). In Pakistan, men are usually dependent on their women who take care of them from dawn to dusk along with other household responsibilities. Women are primary caregivers of their husbands, children, and even entire family. When they are in bed, the rest of the family members experience psychological disaster as if they are apparently unable to handle their own self and others. They feel overburden because doing daily routine tasks along with additional responsibilities and roles (Woznaik, 2014).

Husbands, on the one hand, scared of life-threatening disease lest their wives die and, on the other hand, felt pressure due to the additional responsibilities of child rearing, domestic management, and sufficient finance for accessing quality treatment for their wives. These factors might have goaded psychological distress and stress that further were converted into bodily complaints. Therefore, they also reported more somatic symptoms than husbands of healthy wives (Table: 4). Cancer is a leading cause of distress in partners and their dyadic relationships (Hagedoorn et al., 2008). Previous studies also have shown the spouse of cancer patients suffering from anxiety (Nalbant et al., 2012).

However, findings of the study revealed the participants of both groups expressing equal anger in daily life (Table: 4). Studies done in the past demonstrated men expressing more anger (Sadiq et al., 2020). Gender, societal roles, and cultural practices seem to provoke anger in men. Various factors like server tension, conflict, violence, and war developed different levels of anger and aggression in humans (Singh & Misra, 1997). Other research proved the connection of anger with reduced psychosocial functioning in men (Okudo et al., 2015). Minor frustration is also likely to precipitate more anger in men (Munoz, 2005). Perhaps for that reason, the husbands of both groups seemed to have difficulty in controlling their anger as is evident by the present findings.

#### **5. Conclusion**

Breast cancer is not less than a disaster for a woman and her family. Even coping with it becomes the source of incessant stress and tension for all associated persons. Husbands of breast cancer patients experience psychological problems as they encounter extremely tough challenges in life. From acceptance to treatment of breast cancer, they face new hurdles with constant psychological pressure that is seen in different forms of psychological issues like psychological distress, stress, and somatic symptoms.

The present endeavor highlighted how mental health of husbands with breast cancer patients is important and must be properly addressed. A husband's role is equally significant throughout the treatment process of their wives. A husband's psychological strength and well-being may strengthen the vital courage among wives who keep fighting with life threatening disease. Treatment module for family members of chronic patients is the need to time so that they can firmly stand like a rock on the way of emotional crisis. Physical treatment needs to incorporate psychological interventions for patients and their caregivers/close family members respectively.

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