The Relationship between Positive Feeling towards Spouse and Hope to Live in Women with Breast Cancer

Anahita Khodabakhshi-koolaee*, Mohammad Reza Falsafinejad, Mahdieh Meherabadi, Rezvan Mahmoud-Ashiri

1. Department of Psychology and Educational Sciences, Faculty of Humanities, Khatam University, Tehran, Iran
2. Department of Assessment and Measurement, Faculty of Psychology and Education, Allameh Tabataba’i University, Tehran, Iran
3. Department of Psychology, Faculty of Human Science, Islamic Azad University, Science and Research Branch, Tehran, Iran

*Correspondence: Dr. Anahita Khodabakhshi-koolaee, Department of Psychology and Educational Sciences, Faculty of Humanities, Khatam University, Tehran, Iran
Tel: +982189174119
Email: a.khodabakhshid@khatam.ac.ir

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Abstract

Background and objectives: Breast cancer is one of the most common types of cancer in women. According to studies, cancer patients who hope to live longer will live longer. Living hope relies on life satisfaction in general as well as on marital satisfaction and social support. The aim of the present study was to investigate the relationship between positive feelings towards spouse and living hope in women with breast cancer.

Methods: This was a descriptive correlational study. The study population consisted of 125 women with breast cancer who were supported by two charities in Tehran (Iran) during 2018. The subjects were selected by simple random sampling. Data were collected using the Adult State Hope Scale (developed by Snyder et al.) and the Positive Feelings Towards Spouse questionnaire (developed by O’Leary et al.). Obtained data were analyzed with Pearson correlation test and multivariate regression analysis using SPSS software (version 21).

Results: There was a significant correlation between positive feelings towards spouse and hope to live (P<0.01). In addition, there was a significant positive correlation between the subscale of feeling towards being with spouse and hope to live (P<0.01).

Conclusion: The results emphasize on the relationship between positive feelings towards spouse and hope to live in women with breast cancer. Therefore, it seems important to offer counseling and couple therapy services to reduce individual and interpersonal psychological distress to prevent aggravation of marital problems during such stressful and critical period.

Keywords: Positive feelings towards spouse; hope; breast cancer; women

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INTRODUCTION
Cancer is the second leading cause of death after cardiovascular disease (1). Breast cancer is the most common cancer among women (2, 3) and the second most common cause of cancer deaths in women (4). About 1.38 million new cases of breast cancer are diagnosed each year (5, 6). In Iran, breast cancer accounts for 21.4% of all cancer cases (7) and is the most common (76%) cancer among Iranian women (8).

Given the increasing rate of breast cancer in recent decades and its harmful effects on physical, emotional, psychological, social and economic aspects, health experts have recognized this disease as a major health problem of the century (9). Although women with breast cancer live longer owing to advances in screening and early diagnosis, this group of patients continues to face multiple physical challenges (10), such as nausea and vomiting (11), headache, body ache, fever, chills, dizziness, diarrhea, general weakness (12), body image dissatisfaction (due to weight loss), decreased libido, pain, fatigue, drowsiness, shortness of breath and sleep disorders (13). Being diagnosed with cancer also creates numerous psychological difficulties (14), including anxiety (15), depression (16) and distress (17) for the patients. In addition, cancer has a major impact on marital and prominent human psychological needs (21). Although cancer affects a person's physical condition (22), it might have a greater impact on the patients' hope to live compared to other chronic diseases (23). Hope has positive biological effects, particularly on pain control and physical weakness (24). In addition, hopeful individuals have more paths to pursue their goals and maintain their motivation when dealing with deterrents (25).

According to studies, patients that share their suffering and pain with others are the ones with a sense of hope to longevity and recovery. In addition, higher hope arises when there is a strong connection between the patient and his/her friends and relatives (26). Given the importance of social support, especially support from spouse, marital satisfaction and hope of recovery from cancer, this study aimed to investigate the relationship between positive feelings towards spouse and hope to live in women with breast cancer.

MATERIALS AND METHODS
This was a descriptive correlational study on married women with breast cancer who were supported by two charities in Tehran (Iran) in 2018. According to the Morgan's table, of 254 breast cancer patients who were admitted to the chemotherapy centers, 125 subjects were enrolled in our study via simple random sampling.

After familiarizing the subjects with the study objectives, assuring them about the confidentiality of their personal information and obtaining written consent, the subjects answered the research questionnaires individually.

To measure living hope, the Snyder adult hope scale (27), a 12-item self-report scale developed by Snyder et al. (1991) was used. The questionnaire is scored based on a 4-point scale ranging from definitely false (score of 1) to definitely true (score of 4). There are four deviant items that are not included when summing the scores. The total hope score ranges from 12 to 48. The internal consistency, reliability (28) and validity of the test are 0.74-0.84, 0.80 and 0.82, respectively (5).

Positive feelings towards spouse were evaluated using the Positive Feelings Towards Spouse questionnaire developed by O'Leary et al. (1975). The test was designed to measure changes in the way men and women feel about their spouse during couple therapy. This 17-item questionnaire measures a person's positive feelings towards his/her spouse. The reliability of the questionnaire was reported to be 93% with one to three weeks retest. The questionnaire is divided into two parts. In the first part, the
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subjects determine their general feeling towards spouse in the last few months on the scale of 1 (feeling very negative) to 7 (feeling very positive). The second part consists of nine phrases that are scored 1 to 7 based on the subjects feeling about being with spouse (29). The validity of the questionnaire for married women with cancer was recalculated and estimated to be 0.93.

The study has been approved by the Research Council of the Islamic Azad University, Science and Research Branch (ethics code: 950166661).

Finally, data were analyzed with Pearson correlation test and multivariate regression analysis using SPSS software (version 21).

### RESULTS

Of 125 women with breast cancer, 49 (39.2%) were in the age range of 20 to 30 years, 61 (48.8%) had a bachelor degree and 73 (58.4%) were housewife (Table 1).

Table 2 shows the scores of the variables of hope to live and feelings towards spouse. The mean score of hope to live was 43.94±6.772 and the mean score of positive feeling towards spouse was 89.49±21.236 (Table 2).

The Pearson correlation analysis indicated a significant positive correlation between positive feeling towards spouse and hope to live at 99% confidence level (P<0.001) (r=0.318). In addition, there was a positive correlation between feeling of being with spouse and hope to live (P<0.001) (Table 3).

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### Table 1. Demographic characteristics of women with breast cancer

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age range</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-30</td>
<td>49</td>
<td>23.92</td>
</tr>
<tr>
<td>31-40</td>
<td>32</td>
<td>25.6</td>
</tr>
<tr>
<td>41-50</td>
<td>26</td>
<td>20.8</td>
</tr>
<tr>
<td>51-55</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Not known</td>
<td>13</td>
<td>10.4</td>
</tr>
<tr>
<td><strong>Education level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under high school diploma</td>
<td>7</td>
<td>5.6</td>
</tr>
<tr>
<td>High school diploma</td>
<td>25</td>
<td>20</td>
</tr>
<tr>
<td>Associate diploma</td>
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<td>5.6</td>
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<tr>
<td>Bachelor degree</td>
<td>61</td>
<td>48.8</td>
</tr>
<tr>
<td>Masters degree</td>
<td>21</td>
<td>16.8</td>
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<tr>
<td>PhD</td>
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<td>1.6</td>
</tr>
<tr>
<td>Not known</td>
<td>2</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
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<td></td>
</tr>
<tr>
<td>Housewife</td>
<td>73</td>
<td>58.4</td>
</tr>
<tr>
<td>Employed</td>
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<td>40</td>
</tr>
<tr>
<td>Not known</td>
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<td>1.6</td>
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</table>

### Table 2. Mean scores of hope to live and positive feelings towards spouse

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>Variance</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hope to live</strong></td>
<td>125</td>
<td>43.94</td>
<td>6.27</td>
<td>45.86</td>
<td>21</td>
<td>58</td>
</tr>
<tr>
<td>Positive feeling towards spouse</td>
<td>125</td>
<td>89.49</td>
<td>21.23</td>
<td>450.98</td>
<td>20</td>
<td>111</td>
</tr>
<tr>
<td>Feeling towards spouse</td>
<td>125</td>
<td>36.66</td>
<td>10.36</td>
<td>107.37</td>
<td>7</td>
<td>49</td>
</tr>
<tr>
<td>Feeling to be with spouse</td>
<td>125</td>
<td>52.83</td>
<td>12.30</td>
<td>151.33</td>
<td>12</td>
<td>63</td>
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</tbody>
</table>
Table 3. Pearson correlation coefficient between positive feeling towards spouse and hope to live

<table>
<thead>
<tr>
<th>Variable</th>
<th>Hope to live</th>
<th>Feeling towards spouse</th>
<th>Feeling towards being with spouse</th>
</tr>
</thead>
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<tr>
<td></td>
<td>Correlation coefficient</td>
<td>-</td>
<td>0.296</td>
</tr>
<tr>
<td></td>
<td>Significance</td>
<td>-</td>
<td>0.269</td>
</tr>
<tr>
<td>Number</td>
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<td>125</td>
<td>125</td>
</tr>
<tr>
<td></td>
<td>Correlation coefficient</td>
<td>0.296</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Significance</td>
<td>0.001</td>
<td>0.681</td>
</tr>
<tr>
<td>Number</td>
<td>125</td>
<td>125</td>
<td>125</td>
</tr>
<tr>
<td></td>
<td>Correlation coefficient</td>
<td>0.269</td>
<td>0.681</td>
</tr>
<tr>
<td></td>
<td>Significance</td>
<td>0.002</td>
<td>0.000</td>
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<tr>
<td>Number</td>
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</table>

DISCUSSION
The present study was conducted to determine the relationship between positive feelings towards spouse and living hope in women with breast cancer. Based on the findings, there was a significant positive relationship between positive feelings towards spouse and hope to live. Previous research has focused on sexual satisfaction as an influential component, which itself can ultimately lead to positive feelings about spouse. For example, Wittmann et al. reported that supporting a spouse during the recovery phase has a positive effect on the sex quality between couples (30). It is clear that positive feelings about the spouse, which are made up of various components, such as psychological and sexual intimacy, can have a positive effect on longevity and recovery in cancer patients (31, 32). Wood et al. also demonstrated that negative attitudes towards sexual dysfunction in prostate cancer patients can negatively affect the marital quality and life satisfaction (32). Miller et al. showed that hope and optimism are significantly associated with recovery from disease. In addition, healthy marital relationship is crucial for hope and continued recovery after illness (33). Furthermore, awareness of the impact of cancer on quality of life and mental health is effective in preventing relapse and improving the recovery process (34). In general, it can be said that hopeful thinking and cancer are closely linked. People who experience a more positive feeling are able to present themselves in a more desirable way in relationships and to express their needs more effectively to partner and spouse. Having high hopes as well as positive emotions such as intimacy, optimism, happiness, joy and love can create a positive feeling towards spouse.

In the present study, we only enrolled breast cancer patients from two charities in Tehran. Therefore, it is recommended to perform future studies with a larger study population that includes other cancer patients from different medical centers and hospitals.

CONCLUSION
Based on the results, addressing hope to live during early stages of diagnosis and treatment of breast cancer is a mental health necessity. Paying attention to the needs and mental and physical conditions of women with breast cancer may be effective in raising their hopes and fighting spirit. Therefore, it seems important to offer counseling and couple therapy services to reduce individual and interpersonal psychological distress to prevent aggravation of marital problems during such stressful and critical period.
ACKNOWLEDGEMENTS

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DECLARATIONS

Funding

Not applicable.

Ethics approvals and consent to participate

The study has been approved by the Research Council of the Islamic Azad University, Science and Research Branch (ethics code: 950166661). Written consent was obtained from all participants after explaining the study objectives and assuring them about the confidentiality of their personal information.

Conflict of interest

The author declares that there is no conflict of interest regarding publication of this article.

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