The male perspective: The psychological experience of a male whose wife is diagnosed with breast cancer

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THE MALE PERSPECTIVE: THE PSYCHOLOGICAL EXPERIENCE OF A MALE WHOSE WIFE IS DIAGNOSED WITH BREAST CANCER

BY

HEATHER ROY
B.A., University of New Hampshire, 2005

THESIS

Submitted to the University of New Hampshire
in Partial Fulfillment of
the Requirements for the Degree

Master of Art
in
Counseling

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5-1-07
Date
DEDICATION

I would like to dedicate this to my family. Their continuous support has made me the person I am today. To my mother who is a breast cancer survivor and my father who remained encouraging throughout the experience; they have inspired me to do further research on the breast cancer disease.

Special thanks to the six men who were willing to participate in the study. Their willingness to expose and share their private lives was courageous and intriguing.

Thank you to the University of New Hampshire’s Counseling Program and particularly, Dr. Hebert, Dr. Falvey, and Dr. Oja, who were willing to sponsor my thesis.
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ABSTRACT

THE MALE PERSPECTIVE: THE PSYCHOLOGICAL EXPERIENCE OF A MALE WHOSE WIFE IS DIAGNOSED WITH BREAST CANCER

by

Heather Roy

University of New Hampshire, May, 2007

Breast cancer is the leading cancer among women in the United States. Breast cancer does not only affect the individual diagnosed, but also her family. Research has shown that spouses are the most commonly reported support people for married women with the diagnosis. The impact of the diagnosis of breast cancer and treatment for women is well studied and documented, but the psychological effects on spouses have received less attention. This phenomenological study was designed to enhance understanding of the psychological experiences of a male whose wife is diagnosed with breast cancer.

Participants in this study were six Caucasian males who are all married to women who have been diagnosed with breast cancer, have received treatment, and are currently now in remission. Semi-structured interviews served as a means of data collection. Common themes of sacrifice, vulnerability, combat, hope, and hero emerged in the data analysis. The experiences of the men in this study were ultimately likened to the experiences of the ancient Olympic Festival. The findings in this study have clearly contributed to the breast cancer literature and to healthcare professionals regarding holistic care of families who encounter a breast cancer diagnosis.
CHAPTER I

INTRODUCTION TO STUDY

This exploratory study was designed to enhance understanding of the psychological experiences of a male whose wife was diagnosed with breast cancer. The researcher used a phenomenological approach to explore the husband’s perceptions and experiences of having and living with his wife’s diagnosis of breast cancer, the experiences during his wife’s treatment, and his present experiences as his wife is in the remission stage. The purpose of this study was to find themes or experiences of men whose marriage partners have been diagnosed with breast cancer. The researcher sought to better understand the husband’s emotional state, as well as to explore the problems or difficulties that the husband experienced or still experiences. The study also sought to understand the husband’s support networks, his perceptions of the relationship with his wife and family, and his relationships with children or extended family. In addition, the husband’s perception of his wife’s changing body was explored. A small number of investigators have examined the psychological impact of breast cancer on the well-being of spouses of women with the disease. This qualitative study adds to the literature on the topic.

Importance of the Study

Breast cancer is the most prevalent form of cancer among women. In fact, every two minutes a woman in the United States is diagnosed with breast cancer (breastcancer.org, 2006; Shannon & Shaw, 2005). The diagnosis of breast cancer has a
profound impact on patients and their families. Although advancements in screening and technology have allowed over two million women to survive in the United States each year, the experiences they go through during the diagnosis and treatment stages often has a lifelong emotional and psychological impact for the women and their families (Wagner, Bigatti, & Storniolo, 2006). Following breast cancer, many survivors report growth and positive life changes, while others report negative psychological problems such as depression, anxiety, and post-traumatic stress (Weiss, 2004). Although technology and medical advancement have allowed many diagnosed with cancer to survive and go into remission, the memory of the experience and the psychological and emotional changes associated with this illness persist.

The diagnosis of a potentially life-threatening disease disrupts not only the life of the patient but also the lives of those closest to the patient (Wagner et al., 2006). The effects of cancer and its treatment can cause dramatic changes in relationships, roles, and psychological health for both partners (Segrin, Badger, Meek, Lopez, Bonham, & Sieger, 2005). The systems theory concept of interdependence predicts that major events, such as a serious illness, will affect the larger family and not just the individual (Segrin et al., 2005). For example, a correlational study has shown that as the emotional well-being of a woman diagnosed with breast cancer improves or deteriorates, her partner’s well-being simultaneously follows (Segrin et al., 2005).

Husbands, in particular, have struggled with considerable psychological distress, including both anxiety and depression, and have reported an equal number of affective disorders compared to the patients themselves (Wagner et al., 2006). Spouses are the most commonly reported support people for married women diagnosed with breast cancer.
cancer. Women often turn to their spouses for support and reassurance, yet spouses report as much distress as their wives following a diagnosis (Petrie, Logan, & DeGrasse, 2001).

The impact of the diagnosis of breast cancer and treatment for women is well studied and documented, but the psychological effects on spouses have received less attention. Little research has studied the experience of the husband and how these experiences may interact with and influence the patient. In order for healthcare providers to provide support and care to the needs of spouses, the needs must be determined. “Definite knowledge gaps exist regarding the needs of spouses of women with breast cancer. More research is required to develop and evaluate interventions that focus on these needs” (Petrie, Logan, & DeGrasse, 2001, p. 1601).

**Areas of Exploration**

The purpose of this study was to better understand the experiences of a man whose wife has been diagnosed with breast cancer. Accordingly, the research question asks the male spouse, “What is the experience of having a wife diagnosed with breast cancer?” It explored the man’s experiences during the diagnosis stage, the treatment stage, and the current remission stage. A number of factors were explored for the male such as emotional states, struggles, problems, support networks, type of treatment, and effect of treatment on one’s well-being, in hopes of finding common themes and/or a better understanding of the journey.

Research of a qualitative nature exhibits a commitment to the participant’s viewpoint by reporting in a style that conveys an understanding, made rich with participant commentaries (Speziale & Carpenter, 2003). As the aim of this study was to examine the psychological experiences of a male whose wife is diagnosed with breast
cancer, information regarding this topic can best be acquired through phenomenology, which subjectively identifies the lived experience. The purpose of using a phenomenological method was to explore the world of everyday life for specified individuals, thus providing the researcher with the framework for discovering what it is like to live the experience (Leedy & Ormrod, 2005). The integrated whole was explored, producing a holistic perspective that brings language to the human experience. "Health care professionals clearly want to grasp and sense the lived experience of their clients, to enter the world their clients inhabit, and to understand the basic social processes that illuminate human health and illness events" (Thorne, 1997, p. 288, as cited in Speziale & Carpenter, 2003).

Despite the fact that breast cancer is the most frequently diagnosed cancer in a woman and that spouses are often the most commonly reported support people for married women, it was not until recently that healthcare professionals have begun to consider the distress and adjustment difficulties experienced by spouses (Petrie, Logan, & DeGrasse, 2001). The ultimate goal of this study was to contribute to the field of counseling and medicine. The results of the research are helpful in understanding the psychological experience of a male whose wife is diagnosed with breast cancer. This understanding provides healthcare professionals and counselors an insight into the needs of spouses and a framework for developing the necessary interventions and programs to support these spouses and the entire family. Through awareness and understanding of the day-to-day challenges endured by this population, counselors are better able to establish therapeutic and meaningful relationships with the spouses, as well as assessing both the strengths and barriers to their optimal health. The findings of this study provide rich data
to assist counselors and healthcare professionals in caring for the spouse of a wife who has breast cancer. Herein lies the significance for this research.

Definitions

The following terms are defined for the proper understanding of their use in the research.

The *remission stage* is defined in this study as the time period when a previously diagnosed woman is currently free of breast cancer. This stage occurs after a woman has been diagnosed and has received full treatment for the disease. Women in this stage may still attend routine health care check-ups, and they may be taking prescribed hormones and drugs. However, the difference between prescription drugs during the remission stage is that they are used to prevent any re-occurring cancer, whereas in the treatment stage the drugs were used to rid the body of cancer.

A *biopsy* is defined in this study as the process of removing cells or tissues to check under a microscope. There are three kinds of biopsies: (1) incisional or core biopsy where only a sample of the tissue is removed; (2) needle biopsy where a sample of tissue or fluid is removed with a needle; and (3) a excisional biopsy where a whole tumor or lesion is removed (breastcancer.org, 2007).

*Radiation therapy* is defined in this study as a therapy technique that delivers radiation directly to the cancer while sparing healthy tissue (breastcancer.org, 2007)

Assumptions

This study will assume a number of factors:

1. The participants were able to identify and articulate their feelings.
2. The participants were honest and reflective enough to be accurate.
(3) The participants were sufficiently stable to be part of the study.
(4) The participants were psychologically and emotional stable before the diagnosis.
(5) The participants were not coerced to participate.
(6) Memories of the experience are “true” for the person.
(7) The participants do not have an ulterior motive, such as seeing the session as a free counseling session.
(8) The interviewer did enter each interview with an open mind without any preconceived notions as to what she might find for a particular participant.

The Limitations

The nature of this research and the phenomenological design of this study accounted for several limitations in the study. The limitations of this study are listed below.

• This study does rely on self-reports and interviewer interpretation, which results in a natural interviewer bias. This bias did influence the interviewer’s perception of the women’s and men’s experiences.

• There was limited external validity of this study due to the fact that the participants were recruited from the same general area and have similar backgrounds. Thus, the results cannot necessarily be generalized to people of different demographics.

• Participants may not have necessarily told the whole story, or they may not have been 100 percent honest in their self-disclosures.

• The kinds of questions that the interviewer asked may have influenced the kind of information found.

• It is important to remember that people cannot always self-reflect with complete accuracy; therefore, the information may not be as powerful as the experience.
• The willingness of the participants in the study may bias the findings, as they may have a more positive experience than those who were not willing to participate.

• Depending on how long ago the woman was diagnosed, the limitations of long-term memory may distance the accuracy of the recollections and perceptions.

**Summary**

It is apparent that both the woman who is diagnosed with breast cancer and her marital partner embark on difficult, yet often different, journeys. These journeys often have a large impact upon one another. The majority of the literature focuses and reports on the women who are diagnosed, yet the psychological experience of the husband is often unexplored. Therefore, there is a need to understand the husbands’ experiences in order to be able to fully support both individuals. The ultimate goal of this study was to better understand the experience of a husband whose wife has been diagnosed with breast cancer and is now in remission. The hope was to better identify and develop adequate and supportive interventions that can be utilized to help alleviate the difficulties in the journey.
CHAPTER II

REVIEW OF LITERATURE

This chapter will review literature on the topic under investigation. Sections are devoted to breast cancer, causes, diagnosis, and treatment. This is followed by a review of the impact on the patient, family, husband, marriage and a general conclusion.

According to the National Breast Cancer Centre chief executive, Professor Christine Ewan, many men feel unprepared for the physical, emotional, and day-to-day demands that breast cancer in a loved one imposes, and very few seek out help and support (National Breast Cancer Center, 2006). With breast cancer being the leading cancer among women in the United States, with the incidence rate rising from one in twenty in 1960 to presently one in seven women diagnosed, a large number of husbands are forced to respond to their wives’ diagnosis of breast cancer (breastcancer.org, 2006). This literature review will first explore the facts about breast cancer, review the well-documented literature of the women’s experience, and review the research that has been done on spousal and familial reactions to a breast cancer diagnosis. Ultimately this literature review will aid in better understanding how to address the supportive care needs of spouses of women with breast cancer (Petrie, Logan, & DeGrasse, 2001).

Breast Cancer

Breast cancer is an uncontrolled growth of abnormal breast cells resulting in a cancerous tumor of the breast tissue (Breast Diagnostic Centers, 2006). In 2005, it was estimated that about 212,000 new cases of invasive breast cancer had been diagnosed,
along with 58,000 cases of non-invasive, in situ, breast cancer (breastcancer.org, 2006). It is estimated that in 2007, 178,480 new cases of invasive breast cancer and 62,030 new cases of in situ breast cancer are expected to occur in women in the United States. An estimated 40,460 women will die due to this invasive cancer (Susan G. Komen Organization, 2007).

Invasive breast cancer is the most serious type of cancer and results in the most deaths. Invasive breast cancer occurs when the cancer has started to break through the normal breast tissue barriers and spread to other parts of the body through the bloodstream or the lymphatic system. The spread of the cancer to other organs such as the liver, brain, lungs, and bones, called metastasis, is less common but more difficult to manage (Lange, 2005). Non-invasive breast cancer, also known as carcinoma in situ, meaning “in place,” is when abnormal cells grow inside the lobules or milk ducts but have not spread to the surrounding tissue or beyond (Susan Kormen Organization, 2007). This type of cancer is not immediately life threatening, as it does not spread to surrounding tissue in the breast or other part of the body. However, it does raise the risk of developing a future, more invasive cancer (breastcancer.org, 2006). Therefore, no matter whether a woman is diagnosed with invasive or non-invasive cancer, the threat of death is quite persistent. In 2005, it was estimated that 40,000 women who were diagnosed died as a result of the cancer (breastcancer.org, 2006).

**Causes of Cancer**

Breast cancer is not a sudden occurrence; it is a process which has been developing over a period of time (Kneece, 2002). Medical studies have shown that the development of cancer can take a long time. It may be a number of years before abnormal cells convert
into uncontrolled growth patterns (Brown et al., 2000). The onset of breast cancer begins when a normal cell converts into a cell which has uncontrolled growth patterns. Newly created cancer cells do not receive the signals from normal cells, and the mechanisms that control the balance between cell growth and cell death are lost. Consequently, the cancer cells continue to divide and grow. When this occurs, cancer cells may spread to other parts of the breast and in some cases, to other parts of the body (Phillips & Goldstein, 1998). Breast cancer results from the uncontrolled reproduction and growth of abnormal cells in the breast (Phillips & Goldstein, 1998). If the cancer is not removed, it may start to invade surrounding tissue and establish new growth sites at distant sites in the body (Kneece, 2002).

A single cause of cancer and breast cancer is still unknown (Lange, 2005; Phillips & Goldstein, 1998). Past studies suggest that age, genetics, environmental carcinogens, viruses, radiation therapy, life-style factors (including diet), and hormonal levels play a role in the development of cancer (Kneece, 2003). Four out of five incidents of breast cancer are found among women who are over the age of fifty. Although age does seem to play a factor in the diagnosis of breast cancer, women are beginning to be diagnosed at much younger ages. Thus, age cannot alone cause individuals to be susceptible to the cancer. Interestingly, 40% of women with cancer also believe that stress is a major factor in the development and progression of cancer (Brown, Kilpatrick, Maunsell, & Dorval, 2000).

Researchers are also beginning to understand how certain changes in DNA can cause normal breast cells to become cancerous (American Cancer Society, 2006). Recent advancements in understanding the genetic basis of breast cancer are allowing more and
more individuals to have genetic testing to identify the women who have inherited tumor
genes. These women who have inherited abnormal tumor genes can take the necessary
steps to reduce the risk of breast cancer and to monitor changes in their breast carefully,
so that if the genes do develop into cancer, they can diagnosis the cancer in an early stage
(American Cancer Society, 2006).

The Diagnosis Stage

Early breast cancer usually does not cause pain and often there are no symptoms
at all. But as the cancer grows, it can cause changes such as a lump or thickening in or
near the breast, a change in size or shape of the breast, a discharge from the nipple, and a
change in color or feel of the skin of the breast, areola, or nipple (Healthlink, 2003). The
most accurate way to detect breast cancer in the early stages of development is through
high quality screening with a mammogram or ultrasound. Breast cancer can be detected
through a mammogram and ultrasound long before it can be detected through self-
examination (breastcancer.org, 2006). However, just the way in which breast cancer is
detected can give women information about the stage of development of the cancer. For
instance, discovering a lump through self-examination indicates that the cancer is in later
stage of development because it has grown enough to be detected by self-examination.

When a lump is found in an ultrasound, mammogram, or self-examination, the
patient must then have a biopsy to confirm whether the mass is cancerous or benign
(Phillips & Goldstein, 1998). After the biopsy, if the patient does have a diagnosis of
breast cancer, additional tests are done. These tests, which may include blood tests, bone
scans, and X-rays, are used to determine the size of cancer tissue, the invasion of the
cancer in the breast, and its possible spread to other parts of the body (Phillips & Goldstein, 1998). These factors are important because identifying the nature and stage of the cancer is an essential part of the decision-making process regarding treatment. An individual would want to know all the facts about the cancer before deciding upon an appropriate treatment plan.

**The Treatment Stage**

There are a number of decisions that a woman must make regarding surgery and treatment of breast cancer. In recent years, there has been an explosion in life-saving treatment advances for breast cancer. Instead of having only one option, there are now a number of options from which women can choose. However, even with the wide range of options, the patient must consult with her doctor to make an informed decision based on her cancer. The most important aspect of treatment is to remove all cancerous tissue using the most direct approach possible, which usually involves some type of surgery followed by radiation therapy, chemotherapy, and/or hormonal therapy (Lange, 2005). The choice of treatment depends on the type, size, and degree of spread of the cancer, as well as personal preference.

There are two types of surgical options in treating breast cancer. The first option is called wide local excision, partial mastectomy, or lumpectomy; this is a breast-conserving surgery which just removes the tumor that is surrounded by healthy breast tissue (Lange, 2005). This type of surgery is usually followed by radiation therapy, which is the treatment of the breast area with high X-rays to destroy any cancer cells that may remain behind (Lange, 2005). Lumpectomy is often the preferred choice of surgery because it conserves the breast and preserves body image by saving the majority of the
breast. One patient reports, “I had a lumpectomy with local anesthetic. It was extremely easy and when it was over I felt physically very good. I was able to go home with relatively little pain” (Lange, 2005, p. 43). Many studies have now shown that breast-conserving therapy is as effective as mastectomy (Lange, 2005).

The second surgical option, mastectomy, removes the entire breast. A bilateral mastectomy involves removing both of the breasts. In the past, women have dreaded the mastectomy because it removes approximately 95% of the breast gland, including the nipple and the areola, which often leads to poor body image and self-image (Kneece, 2003). One survivor explained, “I had the normal fear of adjusting to the loss of my breast, but by now I was more angry than afraid. My worst nightmare had become a reality” (Kneece, 2003, p. 41). Another explained, “I have a very clear memory of the first time I took the bandages off. I literally went crazy. All of a sudden it was in my face. The breast wasn’t there anymore. And it wouldn’t ever be there” (Lange, 2005, p. 47). Advances in technology have caused the mastectomy techniques used today to be much less disfiguring than the ones used years ago. Patients who have mastectomies now also have the choice of having reconstruction surgery.

Reconstruction of the breast is always an option. Reconstruction can be performed by using one’s own body tissue, such as muscle from one’s abdomen or body fat, or by using synthetic implants (Kneece, 2003). “Having a reconstruction did wonders for my confidence. Now, when I look in the mirror, I don’t cringe. When I change in the locker room, I don’t hide. In my mind, I’m a woman again” (Lange, 2005, p. 59). Reconstruction surgeries are being utilized more and more often. Medical facilities believe that the stigma and fear of reconstruction has been erased, and research indicates
that more women are pleased with their bodies after the reconstruction surgery (Kneece, 2003).

Surgery and radiation surgery treat cancer cells that are in the breast area only. If the cancer cells have traveled outside the breast area, the patient does need other forms of treatment, such as chemical or drug-based treatments that can reach all parts of the body. Chemotherapy is a widely utilized type of drug treatment. Chemotherapy uses chemical agents to stop cancer cells from growing throughout the body (Lange, 2005). Chemotherapy may be given by mouth, as an injection, or by an intravenous needle (IV) (Kneece, 2003). Chemotherapy may also be used before surgery to shrink a tumor, or after surgery to prevent the reoccurrence of cancer cells (Kneece, 2003). Many patients associate horror stories with chemotherapy side effects and treatments. However, new drugs have lessened many of the treatment side effects such as nausea, fatigue, hair loss, and serious infections. Yet, it is important to know that chemotherapy treatment does effect each individual differently (Kneece, 2003).

Two examples of how differently chemotherapy can effect an individual are seen in two women’s stories. One woman explained, “What I associated with chemo was sickness, nausea, not being able to function in my life. The reality has been amazing. I never expected to do as well as I did. I have virtually no problems whatsoever. I’ve been going about my life completely normally” (Lange, 2005, p. 75). Another survivor had a different experience and states, “I am not a suicidal person. I love life. The first set of chemotherapy that I did was on a Friday afternoon, and that night I vomited all night long. The next day, I just thought of ways to kill myself. I had no libido. I had no interest
in sex. I hardly had any energy. It was the pits” (Lange, 2005, p. 77). Consequently, chemotherapy can have a major effect upon a woman’s overall health and well-being.

Chemotherapy is usually used in addition to surgery or other treatment. When used in this way it is described as an adjuvant therapy, an additional therapy.

Chemotherapy is not the only adjuvant therapy available. Hormonal therapy is also a possibility, and it may be prescribed after surgery for some women if their cancer pathology report reveals that the tumor was dependent on the female hormones, estrogen and progesterone, to grow (Kneece, 2003). The most widely used hormone drug to alter the hormonal stimulation of the breast after breast cancer is Tamoxifen Citrate. Tamoxifen (brand names: Nolvadex; Apo-Tamox, Tamofen) is a drug used to fight cancer cells with hormone receptors. It can reduce the risk of new breast cancer. It can also delay, slow down or stop the growth of cancers that need estrogen to grow (Breastcancer.org, 2007).

The difference between hormone therapy and chemotherapy is that chemotherapy works by destroying the cells, including healthy cells, whereas hormones do not destroy healthy cells. Hormonal treatment is often preferred by women because side effects experienced with chemotherapy are not experienced with anti-hormonal therapy (Kneece, 2003; Lange, 2005). However, some women have no choice in the type of adjuvant therapy that they must undergo.

Early detection and diagnosis of the disease, followed by prompt, effective treatment, is most likely successful in curing or at least controlling breast cancer (Phillips & Goldstein, 1998). Ninety-eight percent of those who have breast cancer diagnosed in an early stage have successful treatment (Lange, 2005). The diagnosis of breast cancer is
no longer a death sentence. There continues to be a tremendous amount of research to
determine the cause of breast cancer, to establish ways in which to prevent breast cancer,
and to find the best ways to treat breast cancer (Shannon & Shaw, 2005)

**The Patient and Remission**

Research studies have long researched the psychological effects of breast cancer
on the patient. In fact, many patients write their own accounts of the experience and
display them online, in books, and in self-help books. This next section will examine
some personal accounts and experiences that woman who are diagnosed with cancer
endure.

“Cancer means death in our society. It is a word used to say the worst possible
thing. It is something horrible as someone says, ‘a cancer is growing’” (Kneece, 2003, p.
10). Although the medical research on cancer is expanding, the diagnosis of cancer is still
threatening to a woman. Longitudinal research has shown that upon hearing a diagnosis
of breast cancer, 85% of women are overwhelmed with emotions; the fears and concerns
of treatment and surgery become a vivid reality. After hearing the words, “You have
breast cancer,” most women report that little was remembered or heard afterwards, and
their fears took over. The most prevailing fear among women diagnosed was the fear of
death or, “Will I die?” (Kneece, 2003, p. 3). One woman expressed her initial reaction,
“Oh my God, I’ve got cancer. What am I going to do? Do I go home and clean out the
closets so that I don’t have a dirty house when I drop dead?” (Moch, 1995, p. 10).

Although cancer has been shown to be treatable if detected early, the confusion
and fear of breast cancer is still very real in those women who are diagnosed and can lead
to psychological disorders. Among women newly diagnosed with breast cancer, as many
as one-third may experience psychological distress in the first two years after initial treatment (Fillion, Kovacs, Gagnon, & Endler, 2002). In one survey, women agreed that, "The pain of breast cancer is not physical, but emotional" (Moch, 1995, p. 10).

Psychological distress is common for patients along the illness trajectory (Koopman, Butler, & Classen, 2002). Psychological reactions to the disease include anxiety, depression, anger, and hostility, with clinical depression being the most common psychological response. Researchers have seen a certain degree of depression in almost all women who are diagnosed (Segrin et al., 2005). The onset of depression most commonly appears immediately after diagnosis, lasts for a while, and then reappears from time to time during the course of the treatment (Phillips & Goldstein, 1998). Second to depression is anxiety. Twenty percent of women with breast cancer have anxiety symptoms from unresolved distressing cancer-related experiences (Koopman, Butler, & Classen, 2002). Anxiety, like depression, also occurs in stages, and is at its height when a patient returns home after surgery. This is believed to be due to the fact that going home means leaving the medical team behind, creating a feeling of vulnerability (Lange, 2005).

Women who have a diagnosis before menopause also show higher rates (38%) of major depressive disorder due to the premature menopause induced by antiestrogen treatments which include tamoxifen, raloxifen, and letrozole (Koopman, Butler, & Classen, 2002). In addition to the emotional reaction to premature menopause, taking tamoxifen may cause an estrogen-deficient state very similar to symptoms of menopause such as hot flashes, sweats, vaginal dryness, and dyspareunia which have been shown to have a direct impact on quality of life and psychological well-being (Koopman, Butler, & Classen, 2002).
“Lack of control” is also a common psychological reaction that women experience when diagnosed with breast cancer. Unable to control this aspect of their life, women report that cancer can quickly make them feel out of control (Phillips & Goldstein, 1998). This loss of control affects areas of life they once were in control of such as self-concept, plans for the future, and different social roles (Fillion et al., 2002). The diagnosis of cancer has also been shown to impact a woman’s self-esteem, body image, sexuality, and overall outlook on survival (Lange, 2005; Spira & Reed, 2002).

The result of these psychological factors often lead to further difficulties such as low energy, lack of appetite, sleep disturbances, and changes in sexual relations among women who are diagnosed (Spira & Reed, 2002). There is also evidence that these distressing side effects decrease a women’s ability to seek out psychological and social support at a time when it is most needed (Fillion et al., 2002). Consequently, healthcare providers have been prepared to monitor breast cancer patients and provide them with the services needed according to their coping style.

Researchers have identified four of the most common coping styles that women adopt when coping with the disease (Fillion et al., 2002). These include (1) disengagement, which occurs when a patient denies the presence or severity of the illness and often withdraws or avoids the situation; (2) self-distraction, in which the person turns to activities and spending time with friends and family to avoid dealing with the situation; (3) active coping, when the person uses responses directed toward developing and undertaking a plan of action; and (4) drawing on emotional support from husband or friends to feel better. Some women also cope by turning to religion and prayer or other methods of meditation to find spiritual comfort. Another way of coping is to use alcohol
or drugs in attempt to feel better (Fillion et al., 2002). Coping styles vary, and can be both positive and negative.

Mental health professionals with experience in breast cancer treatment have a primary goal of helping women learn to cope with the physical, emotional and lifestyle changes associated with cancer as well as with medical treatments that can be painful or traumatic. Individual therapy is often beneficial. It can focus on issues of the individual such as how to choose a hospital, explaining the illness to children, or dealing with partners’ response in addition to dealing with stress, anxiety, and depression. “By teaching patients problem-solving strategies in a supportive environment, psychologists can help women work through their grief, fear, and other emotions” (Chang & Harber, 2004). With the right support, this life-threatening crisis eventually proves to be an opportunity for life-enhancing personal growth.

Research has also shown that supportive group therapy is often an effective treatment. Group psychotherapy has proven to be a useful component of cancer care; much data over the past 25 years on successful psychosocial interventions for cancer patients come from group psychotherapy programs targeted for specific cancer populations (Koopman, Butler, & Classen, 2002). Successful programs have been those designed from traditional psychiatric group therapy programs and tailored to the needs of cancer patients, with particular emphasis on group support and self-expression. One of the best-known initial studies of the effects of group treatments for patients with breast cancer demonstrated psychosocial and health benefits, including longer survival time, from a semi-structured supportive-expressive group program (Spiegel, Bloom, & Kraemer, 1989). A recent multicenter trial of supportive-expressive group therapy with
235 women again demonstrated improved mood and perception of pain and longevity of survival. Mindfulness-based stress reduction has recently emerged as a complimentary group approach for addressing the psychosocial distress among patients with breast cancer, showing improved mood, improved immune profiles, and overall lower stress levels (Carlson, Speca, & Patel, 2004).

A combination of individual and group treatment is the most effective. Individual sessions typically emphasize the understanding and modification of patterns and thinking behavior, whereas group psychological treatment with others gives women a chance to give and receive emotional support and learn from the experiences of others. The most effective groups should be made up of women at similar stages of the disease and led by a mental health professional with experience in breast cancer treatment (Chang & Harber, 2004).

Due to the tremendous amount of research on the needs of women who are diagnosed with breast cancer, therapy programs have been developed specifically to meet the needs of breast cancer patients. In New Hampshire, an on-line search for support groups for breast cancer patients brought up over 100 groups that woman could become a part of in different areas of the state. However, when doing a search for families and spousal support, fewer than ten groups were found. A similar trend is found in the number of self-help books and stories of women with breast cancer compared to those written by husbands of spouses with breast cancer. Therefore, it is safe to conclude that there are a number of resources to support a patient with breast cancer. But what about her family and husband?
The Family

The diagnosis of breast cancer is a stressor not only for the patient, but also for the entire family. One’s family often plays a critical role in coping with breast cancer. The effects of cancer and its treatment can cause traumatic and dramatic changes in relationships, roles, and the psychological health of both partners. Women with breast cancer routinely describe negative consequences of breast cancer on themselves, and also on their immediate family members (Segrin et al., 2005).

The family systems perspective provides a useful model for understanding the role of family members in assisting a woman with breast cancer. This model proposes that a family functions as interdependent parts, and each member contributes to the balance of the family system. “The behavior of one family member is both the cause and effect of the behavior of other family members” (Napier & Whitaker, 1988, p. 86). Family systems theory would predict that major events such as a serious illness that effects a large family or social network will affect all involved, not just the individual. The family and social network members experience distress themselves as a family member with breast cancer becomes more distressed with the illness (Segrin et al, 2005).

Another theory, known as the emotional contagion effect, hypothesizes that people “catch” the emotional states of those with whom they interact through an unconscious, interpersonal process by mimicking and synchronizing non-verbal behaviors (Segrin, et al., 2005). This similarity in behavior is theorized to provide feedback that generates the same emotional experience as those people whose behaviors are being observed and modeled. This explains how people in a close relationship can come to share the same emotional state, such as depression. The interpersonal behavior of
one person with depression induces a negative affective state in others due to the fact that the behavior of people with depression has aversive effects on others (Coyne & Anderson, 1999). Therefore, it is evident that close relationships play an important role in the process of the diagnosis, treatment, and remission stage, and “It is possible that intimate partners play a more active role in cancer patients’ quality of life than had previously been thought” (Segret et al., 2001, p. 675). Having cancer could be viewed as a joint experience, with the need for interventions that could be aimed at both women with breast cancer and their partners.

The Husband

Although cancer will have an effect on the entire immediate family, the husband and the husband’s role are often most influenced by the cancer, as spouses are generally the most important sources of support for married persons (Coyne & Anderson, 1999). Consequently, the husband plays a critical role in fostering certain coping styles, as well as promoting emotional and psychological adjustment in a woman who has been diagnosed with breast cancer. During this frightening time in a woman’s life, she often seeks out reassurance and comfort from her partner. “I needed reassurance from my husband. I needed to hear ‘I love you.’ I needed attention from him” (Kneece, 2002, p. 7).

The husband’s role in a diagnosis of breast cancer is often critical to the overall well-being and survival rate of the woman diagnosed. Support of the husband is so critical that studies have shown that married individuals diagnosed with late stage cancers live longer than individuals who are single, divorced, or widowed (Kagawa-Singer & Wellisch, 2003; Segrin et al., 2005; Spira & Reed 2003; Webb, 2005). Marriage alone, however, is not enough to provide support for a woman diagnosed with breast cancer. If
the spouse does not provide support, this lack of support may further decrease the well-being of the patient. Unsupportive spousal interactions were found to have a greater impact on cancer patients' well-being than supportive interactions. There has even been some evidence to suggest that women in strained marriages may actually be worse off than unmarried women (Coyne & Anderson, 1999; Kagawa-Singer & Wellisch, 2003). Support from other sources will not compensate for what is lacking in the marriage (Coyne & Anderson, 1999). Thus, the husband's role cannot be overlooked.

There is a lot of pressure placed on the husband to play an adequate support role. However, there has been little research into what the experience of the husband is during this time. The little research that has been done on the spouse of a woman with breast cancer shows that the husband did not know how he was "supposed to react." Other research has shown that partners even experience greater degrees of emotional problems than the patient because they do not know what is expected of them in the role of a support partner. Spouses often report feelings of inadequacy about their ability to help their wives cope and report increased anxiety, post-operative depression and problems concentrating at work (Petrie, Logan, & DeGrasse, 2001). Spouses of patients with breast cancer often experience fear, sadness, and feelings of powerlessness, as they often feel uninformed and unprepared to cope with this life crisis (Petrie, Logan & DeGrasse, 2001).

Research has shown that in the reaction to spousal cancer diagnosis, men have felt caregiver burden. Caregiver burden is a result of stress caused by the expectations to provide enough support for one's significant other. If the husband is preoccupied with trying to meet the expectation of being an adequate support person, it may lead to decline
in his physical health and psychological well-being, loss of social life, and a reduction in
financial status (Wagner et al., 2006).

Another study found that men’s coping was characterized by two major themes:
focusing on their wives’ illness and care and focusing on the family to keep life going
(Hilton & Crawford, 2000). This qualitative study of ten men showed that men’s coping
efforts were directed at understanding, assisting in making decisions, and getting through
the treatment. The study also found that men felt unprepared and did not know how to
behave (Hilton & Crawford, 2000). They were strengthened by their wives’ positive
attitudes, yet they did not share their own fears and emotions in an effort to protect their
wives. Most men helped by “putting their self on hold” as they were totally consumed by
the cancer, its treatment, and keeping the family going. Some men adapted work patterns
and wished they had taken more time off, while others saw work as an escape. They also
negotiated the illness experience by becoming educated about the cancer and adapting
their home lives and work responsibilities (Hitlon & Crawford, 2000).

Three sub-themes were found in Hilton and Crawford’s study (2000). These
included “being there,” “reliance on healthcare professionals” and “being informed and
contributing to the decision-making process.” These themes implied that men wanted to
be physically and emotionally present and supportive, they wanted to accompany their
wives to appointments, access information and services, and provide care. Men also
relied on healthcare professionals to give competent care, and they wanted to be treated
with respect and to have their views considered and respected. Lastly, men wanted to be
involved in learning about the cancer, assisting and supporting wives’ decisions,
informing children and family, and trying to keep normal patterns in the household

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(Hilton & Crawford, 2001). Although the men in this study felt overwhelmed, particularly when helping in the home was not part of their usual daily tasks, they had to help out and rely on other people to undertake household and child care activities (Hilton & Crawford, 2001; Petrie, Logan, & DeGrasse, 2001).

The need for information was particularly seen in a study by Zahlis and Shads (1991) as spouses expressed the need for information about breast cancer and its treatment. It was shown that these husbands require information separate and distinct from their wives, as they want information not only for themselves but also to help their wives (Zahlis & Shands, 1991). Several spouses actively sought information to help them cope by discussing the cancer with healthcare providers, or doing on-line research. Spouses wanted to know that their wives were receiving the best possible care and were receiving honest answers from health care providers.

Although the spouse experiences his own share of emotional difficulties such as sleep disturbances, sadness, fear, and powerlessness, his emotional distress may often be overlooked, as the concern of most individuals is for the patient who is diagnosed (Petrie, Logan, & DeGrasse, 2001). Research has shown that the individual diagnosed with breast cancer needs to be emotionally dependent on her spouse, yet the husband must also have an outlet for his distress. Oftentimes, if the husband does not have support or resources to express his own struggles and emotions, he cannot fully support his wife’s needs. “I supported Sandra without finding an outlet for my feelings, and this had sapped my emotional reserves . . . and as with all unmourned loss, it led to depression. I, of all people, a psychologist should have seen this” (Surwit, 2003, p. 93).
Social support has been found to be equally as important to the partner’s level of psychological adjustment as it is for the breast cancer patient (Ell, Nishmoto, Mantall, & Hamovitch, 1988). In a recent study, there was a positive relationship between husbands’ post-traumatic growth and their general perceptions of social support (Weiss, 2004). The more a husband felt that his environment provided sources of acceptance, validation, and comfort, the greater was his level of personal growth (Weiss, 2004). However, there are few services offered for those husbands whose wives are diagnosed with breast cancer.

It is often difficult to support another’s needs if one’s own needs are not being met, and if healthcare professionals do not know the needs of individuals, adequate support cannot be provided. This creates a conflict, as both partners are seeking help but they are unable to provide emotional support for each other. Consequently, communication plays a large role in the relationship during this difficult time. A common theme expressed by both women and their partners is that they do not believe their needs were met during the experience of coping with cancer (Kagawa-Singer & Wellisch, 2002). Since both the husband and the wife wanted to be a support for the other, they often did not find the support that they needed for themselves. Research shows that women and men are not always honest with their feelings during this time, and they are least likely to discuss their biggest fears with each other. One man explained, “Still, I knew I couldn’t confide in her, that my job as husband was to support her. And so I kept most of my fears to myself” (Surwit, 2003, p. 91). Thus, lack of communication can prevent both the woman’s and her husband’s emotional needs from being met (Kagawa-Singer & Wellisch, 2002).
One observation in a study conducted by nurses is that the cancer patient and the spouse did not communicate about the illness. They found that the spouse used denial and withdrawal to reduce his anxiety over the process of death and grief (Carter, 2000). Results further indicated that the lack of communication hindered the quality of patient care and hampered the emotional recovery of survivors. Spousal communication has shown to be a significant factor in recovery, since the rate and quality of recovery from mastectomy has been linked to the amount of support and interpersonal interaction that the patient has with her husband (Carter, 2000).

There is a lack of research that examines the emotional response and experience of the partner because the focus is often largely on the patient and the patient's needs. The role that the husband plays in the diagnosis, and the difficulty that he is experiencing, tend to be overlooked. This can invalidate the husband's emotions and lead to more confusion and ambiguity in his life. This may be the reason that husbands of breast cancer patients use fewer coping strategies than their wives, and that their most common coping, avoidance, is correlated with poor adjustment to the illness (Wagner et al., 2006). Further research is needed to examine the experience of a man whose wife has been diagnosed with breast cancer. If the husband feels supported, he in turn can then be a positive support person for his wife.

**The Marriage**

Marital breakdown and partner abandonment are two areas of concern for many women and men when a diagnosis of breast cancer is made. A common myth in our society is that a diagnosis of breast cancer may lead to increased marital breakdown and divorce (Brown, et al., 2000). Statements in popular magazines and media have suggested
that men desert women because of breast cancer. One radio show host said, "Many, many men leave their wives when they are diagnosed with breast cancer" (Brown et al., 2000, p. 161). However, research does not support this belief. Studies have shown that a diagnosis of breast cancer does not appear to be associated with a decline in the quality of the relationship. However, the strength of the relationship before the illness is highly correlated with current marital status, with stronger relationships becoming even closer and weaker relationships experiencing more difficulties (Brown et al., 2000). A positive marital relationship is associated with higher post-traumatic growth (Weiss, 2004). The majority of husbands report a positive change, such as enhanced personal relationship and greater appreciation of life, following the experience of having a wife diagnosed with breast cancer (Weiss, 2004).

**General Conclusions**

Learning to live with cancer is no easy task. Learning to live with someone else’s cancer can be even more difficult, yet it is rarely studied. Research has shown that intimate partners play an active role in the patient’s quality of life and well-being, yet this role is often overlooked in research. This study gained a better understanding of the husband’s experiences by exploring the necessary knowledge needed for helpful interventions and social support for the husband. This will ultimately result in a more positive experience for both the patient and her husband.
CHAPTER III

PROCEDURES OF THE STUDY

This chapter will present the research methodology used in this study. It will also present the framework for the analysis of the interview results. The sections included relate to qualitative research, selection of participants, interview procedures, data analysis, and a general summary of the chapter.

Qualitative Research

The purpose of this qualitative research study was to explore the psychological experiences of a husband of a breast cancer survivor. The research question asked, “What is the experience of having a wife diagnosed with breast cancer?” The phenomenological method was the appropriate research design for this study, as its subjective nature incorporates thoughts and feelings into descriptions of the experience (Leedy & Ormrod, 2005). Where there is a need to better understand the experience of a spouse, the spouses’ own stories offer the richest and most vivid data regarding this research focus. The researcher conducted qualitative semi-structured interviews, and then examined the data for common themes in the men’s experience and their spousal relationships. This chapter will describe the theoretical premise, participants in the study, sample interview questions, and a detailed explanation of the procedure used to recruit participants, interview participants, and analyze results.
Theoretical Premise

As previously mentioned, this qualitative study used a phenomenological methodology. Qualitative research is a methodical and subjective approach used to examine life experiences and give them meaning. Qualitative research emphasizes three central beliefs: (1) there is no single reality; (2) reality, based on perceptions, is different for each person and will change over time; and (3) what we know has meaning only within a given situation or context (Burns & Grove, 2001). While the tradition of science is predominantly quantitative, the challenge of explaining phenomena that defy measurement has led to an acceptance of qualitative research approaches as another way to discover knowledge. From a philosophical viewpoint, the study of humans is deeply rooted in descriptive modes of science (Speziale & Carpenter, 2003).

Phenomenology is both a philosophy and a research method. As a research method, phenomenology is a rigorous science whose purpose is to bring language to human experiences, with the belief that essential truths about reality are grounded in the lived experience (Speziale & Carpenter, 2003). Phenomenology captures the lived experience, revealing what is “true” or “real” in one’s life. It gives meaning to the individual’s perception of a particular phenomenon, influenced by everything internal and external to the individual (Speziale & Carpenter, 2003). Phenomenologists believe that the true focus of philosophy is the exploration of the inner world of human beings (Fain, 1999, p. 169).

Selection of Participants

Participants in this study were six Caucasian males. They were all spouses of breast cancer survivors. The participants were married to the partner before the diagnosis,
did not separate at any point during their marriage, and are currently married. Participants range from 45 to 65 years of age and live in northern New England.

To recruit participants, the researcher contacted cancer support group leaders and advertised through signs and flyers at group locations (see Appendix A). Group leaders of the support groups were asked to mention the study to the group. Males who wished to participate in the study contacted the researcher through phone and e-mail. Three participants were recruited through this method. The last three participants were obtained through a snowball sample originating from the first interview. Snowball sampling, or network sampling, asks participants for their assistance in finding others who meet the study criteria, and is utilized for locating samples that are difficult to obtain. The strategy takes advantage of previously established informal social networks among those who share a common experience (Speziale & Carpenter, 2003). All participants were contacted by the researcher to schedule a suitable interview time and location. This initial contact provided the researcher with the opportunity to answer any preliminary questions and prepare for the actual interview.

**Interview Procedures**

Data was collected using semi-structured, audio-taped interviews (see Appendix B) and then transcribed verbatim for data analysis. All interviews were conducted by the researcher. The interviews were conducted in a convenient location; a semi-private, quiet area which was conducive to tape recording. The interviews each lasted approximately one to two hours. Before the interview began, each participant read and signed a consent form (see Appendix C). The interviewer assured each participant that all information
would be kept confidential and anonymous. Once the participant signed the consent form and agreed to the study, the interview began.

The researcher conducting the interview began tape-recording at the start of the interview and stopped taping once the interview was over. The participant was informed that if they wanted to stop the interview at any time, the interviewer would stop the tape and end the interview. None of the six participants chose to stop the tape. It was the duty of the researcher to facilitate participants’ descriptions of the lived experience, but avoid leading the discussion. The interviewer started off with asking each participant some basic demographic questions, such as age, location, family structure, and length of marriage. The researcher then opened up the rest of the interview with "Describe the experience of having a wife diagnosed with breast cancer." Informal conversation and description of the experience was preferred. Open-ended, clarifying questions were used to facilitate the discussion such as "What was the most difficult part of the experience?" All participants were willing to answer the four open-ended questions and the probing questions (see Appendix B). At the end of the interview, the interviewer gave each participant a debriefing form (see Appendix D) and asked if there were further questions. The interviewer also asked each participant if he would be interested in the results of the study. All six participants would like to be informed of the results.

The transcription and audio tapes were stored in a secured location and were not accessed by anyone but the researcher and the faculty sponsor. The audio-tapes were destroyed at the end of the study.
Data Analysis

Analysis of transcripts was conducted on an on-going basis. The researcher’s objective was to use emerging themes to describe the psychological experience of a male whose wife was diagnosed with breast cancer. Capturing essential relations among the statements and preparing an exhaustive description of the phenomenon constituted a critical phase of the analysis process. According to Banonis (as cited in Speziale & Carpenter, 2003), the purpose of the data analysis is to “preserve the uniqueness of each participant’s lived experience while permitting an understanding of the phenomenon under investigation” (p. 60).

The researcher carefully read interview transcriptions to obtain a general sense of the experience, then reviewed the transcripts several times to uncover essences and capture essential themes and relations. After the relevant, important themes were determined, the researcher then reflected upon the various aspects of each theme and explored the implications of the themes. The final outcome was a first-hand description and understanding of common themes experienced by men whose wives have been diagnosed with breast cancer, who have had treatment, and who are now in the remission stage. Formalized descriptions of the phenomenon were developed. The results of this study will contribute to the medical and mental health field by informing professionals of the current impact of cancer on both the woman diagnosed and on her husband.
CHAPTER IV

FINDINGS

Upon analysis, a working model emerged for the data, and appeared to identify that the male experience as much like the ancient Olympic Festival. The experience that the six participants in this study went through can be paralleled to an Olympics of sorts. Epictetus, an Athenian Philosopher in the first century AD and avid sports buff, argued that the Olympic Festival was a metaphor for human existence. He proclaimed,

There are enough irksome and troublesome things in life; aren’t things just as bad as the Olympic Festival? Aren’t you scorched there by their fierce heat? Aren’t you crushed in the crowd? Isn’t it difficult to freshen yourself up? Doesn’t the rain soak you to the skin? Aren’t you bothered by the noise, the din, the other nuisances? But it seems to me that you are well able to bear and indeed gladly endure all this, when you think of the gripping spectacles that you will see (Swaddling, 1999, p. 3).

Much like the Olympic Festival, men in this study report being “scorched” and “crushed” by the news of their wife’s diagnosis. They often found it difficult at different points in the treatment as they were bothered by the nuisances of the cancer. Yet, they all were willing to endure the experience, with the hope that the end result would be the “gripping spectacle” of the victory of a wife without cancer. Even the origins of the famous Olympic Festival lies in the Greek myth involving the suitor, Pelops battling for his princess, similar to the battle of these men for their wives (Perrottet, 2004). Therefore the analysis of the themes that appeared in this study will use the working model of the Olympics to better outline and understand the experience.
In accordance with the history of the ancient Olympic Festival, five recurring themes were extracted from the data: sacrifice, vulnerability combat, hope, and hero. Each theme can be considered a quality or role of the spouse of a woman diagnosed with breast cancer. Meanwhile, the model used to represent these themes can be considered the five intersecting rings of the modern day Olympics (see Appendix E). The five ring model is well-known in modern Olympics, representing the five major regions of the world coming together for the Olympics. Likewise, each ring will represent the qualities embraced by the male spouses of breast cancer survivors. The themes that are represented, like the ring, overlap and are smoothly enmeshed with one another.

Each theme consists of underlying sub-themes. The format of this chapter is in the following outline form according to the five themes:

- Sacrifice, (no sub-theme)
- Vulnerability, with sub-themes of Helplessness, Fear, and Communication
- Combat, with sub-themes of Preparation, Endurance, and Supporters
- Hope, with sub-theme of Gifts
- Hero, with sub-theme of Personal Change

Quotations from the participants support the findings of this study, as themes accurately describe the experiences of a male whose wife is diagnosed with breast cancer. The following narrative offers participants’ exemplars of the themes. Note that the participants’ real names have been replaced with pseudonyms to protect their identities.
Sacrifice

You say you want to be an Olympic Champion. But wait. Think about what is involved... You will have to hand your body over to your coach, just as you would to a doctor. You will have to obey every instruction. You will have to give up sweet desserts, and eat only at fixed times, no matter how cold the weather. You will be forbidden to drink chilled water. Even wine will be limited. Then, in the contests, you must gouge and be gouged. There will be times that you will sprain a wrist, twist an ankle, swallow mouthfuls of sand and be flogged. And even after all that you do, you will probably lose (Perrot, 2004, p. 7).

Many private sacrifices were made throughout the ancient Greek Olympic Festival. Throughout the festival, men visited numerous alters to pray, make vows, offer sacrifices, and offer thanks (Swaddling, 1999). The theme of sacrifice was also apparent in all six male participants in the study, as they took off time from work to attend treatment and appointments with their wives, gave up summer plans, took on more roles, and spent more time doing things for their wife.

Mike, who knew that he would have to give up summer plans, commented, “We retire at a young age and are ready to do something. We were hoping to do a little traveling this summer but all of a sudden, bang, we can’t do anything. You are limited to what you can do. This thing put a stop to that, so hell and high water next summer we’re going.”

Other participants were concerned about roles that they were not used to playing, and they had to hand over some of their interests and wishes to take care of these duties. For instance, one husband, who had previously not been the primary caretaker, explained, “I had a middle school son here, and I got to make sure he is going to be taken care of” (Eric). Another worked hard to maintain the household: “I tried to keep the house together (Jack). Another participant; “I went with her every time that she went for chemo, a couple times her sister would go with her to the doctor”(Mike). In summary, “There
was tension in the house. Yes, definitely. Everyone knows she was sick. I was taking on more roles; I was being the transporter bringing the kids everywhere. I prepared meals, well I’m sure I probably ordered pizza or Chinese, but there was extra tension. I do think everyone was upset in their own way. It was a difficult time” (Kris).

One of the common sacrifices of the six participants was the intimacy of sex. Much like the Greek Olympics, sex is a major part of marriage and relationship. “It is no exaggeration to say that sex and athletics were always intertwined in Greece” (Perrottet, 2001, p. 56). Some athletes were said never to have touched a woman during the entire preparation for the games, yet Laertius claimed that “sex was healthy” (Swaddling, 1999, p. 47). Just like there were so many pros and cons of sex in the Olympics, the males did have different takes on their sexual relationship with their wives.

Mike realized how difficult it was that intimacy took a back seat, as he admitted, “We had no sex life, but we got through that” Jack explained, “The intimacy part really takes a back seat, there was a time when she couldn’t even give me a kiss, you know she had a mouth full of sores, or if I had a cold or something, you know, it’s a kick in the ass.” Other participants admitted that they continued to have a sexual relationship, but there were changes. Kris admitted,

We did lose the spontaneity of our sexual life. Like any tragedy, your sex life is going to change. Your marriage is more important than sex, but also, sex is a very important part of your marriage. It is a huge part of intimacy. Any tragedy will change it, but you have to deal with it, and eventually it does come ask and you have to work your way through it. I would say we lost the spontaneity, it just wasn’t there, how could it be, but we worked through it.

John and Eric admitted that there was no change in their sexual life with their partners. Ronnie, even though his wife went through intense treatment, thought his got better. He commented, “I’m going to wear it out on my sleeve but, our sex life got better. Course I

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vowed, that outward, outward appearance. My relationship with my wife, just got better for the both of us we were still connected. It gives you the opportunity to connect.

**Vulnerability**

Greek light acquires a transcendent quality; it is not the light of the Mediterranean alone, it is something more, something unfathomable, something holy. Here the light penetrates directly to the soul, opens the doors and windows of the heart, makes one naked, exposed, and isolated... no analysis can go on in this light; here the neurotic is either instantly healed or goes mad (Perrottet, 2004, p. 10).

The second theme of all men was vulnerability. In the beginning of the ancient games, men participated naked. The poet, Hesiod, a contemporary of Homer once said, “Sow naked, plough naked, harvest naked.” In fact, in the very beginning of the Olympic Games women were not allowed to attend, one reason due to this nakedness. Being naked, in contemporary terms, is being vulnerable. Perhaps one reason that men did not want women as spectators was the fact that in this naked state, men were in their most vulnerable state.

All men in this study admitted to feeling vulnerable at times due to their wives’ diagnosis with cancer. The sub-theme of helplessness emerged as a cause of the vulnerability.

**Helplessness**

A sub-theme of vulnerability was helplessness. The males in this study revealed that their vulnerability was due partly to the helplessness that they felt in having a wife diagnosed with breast cancer. John believed, “that was the hardest part you know watching her go through something that I really couldn’t, I couldn’t do anything about... you felt helpless, you know not guilty but helpless is the word. When she had
the lumpectomy, they took her in the operating room and you go into a room and wait. You feel like I can’t do anything here, just wait. That’s a helpless feeling.”

Participants found it difficult to watch their wives suffer and not be able to do anything to help, “As a husband, there isn’t a damn thing you can do. It’s not a broken bone; you don’t really have any control over that cancer. When she was going through the different phases of Chemo, wow, there wasn’t much I could do. I wish I could have taken some of the queasiness or something from her, but I can’t, it’s all hers” (Mike).

Ronnie, who was at first very involved in giving shots to his wife for treatment, expressed the profound feeling of not being able to contribute to the treatment when the treatment of shots was done.

I had a calendar upstairs and we would put a big X for each day. I’d get done with shots at night (x it out) and I’d say look honey it’s only this much more to go. And as the end approached of giving all these drugs and everything else, it was like absolute fear took over as the days got down to like 2 or 3 days. I kept saying, “what’s this all about, why am I feeling this way?” I should be absolutely thrilled that this is all done. That’s it, you know we don’t have to do these horrific injections anymore. The day came, and I can still remember it, I was filled with absolute fear. I’m telling you, my heart was racing and apparently, this, and I hope you find this in others because other men have shared that with me that they have found that once the treatment stopped, they felt totally lost. Because there’s nothing now for them to get involved with. I could sense it coming. I tried to talk myself out of it. You know, come out get out of it, you’re only two or three days away, you’ll all nervous because you’re excited about it so stop about this. But oh boy, that next night when I didn’t have to give her anything...that loss of feeling that your doing something for your wife. All this time had been hands on, I had been doing something and all of a sudden, I was not. That was profound. Probably one of the most profound moments of the whole journey is that (Ronnie).

Fear

Fear is the second sub-theme under vulnerability. The biggest fear was that their wife would not survive the cancer. Therefore, they were ultimately faced with the thought of losing their wife. This is parallel to the ancient Olympics as many viewed the
Olympics as a meeting place between heaven and earth. The participants in this study were often placed in this meeting place with their wife. Before they were assured that the cancer was treatable, they found them in great fear. John explained, “And naturally I fell right off. The first thing I thought of was she’s going to die. I couldn’t get out of my mind that she was going to die because I could just picture her sister. No matter what they told me I was worried that I was going to lose my wife. What was I going to do? I didn’t want to, I didn’t want to start over with anybody else or anything else but it came out ok so.”

Jack admitted that he usually is not scared of events, yet “I just have no fear of anything. You know. But that, I had fear of that.”

Another participant described his fear as a ‘2 by 4 at the side of the head’ moment: he said,

I’ll never forget sitting down and the two of us sitting there, and my wife was sitting next to me and he was sitting across, and he had tears in his eyes. He looked at us and said it’s breast cancer. You know, those are what I call them I call them, the 2 by 4 at the side of the head moment, you know the, we knew it was going to be that way but the news was just as shocking as if we were totally ignorant- It was, it took me just as, wow, the whole room was just like black for a second” (Eric).

Fear of the unknown and what would happen to their selves if their wives passed was frightening for some of the participants,

You know, I think of stupid things like I don’t want her to die, because, I don’t cook yet, you think of things like if she died, I probably wouldn’t be able to date again, I’ve been married 34 years, I’m used to her, I know her feelings I know everything about her, I wouldn’t want to start dating again, you know it’s a different world today then it was when I dated 34 years ago (John)

And a similar reaction from Jack, “But when she told me that it was cancer, my first thought was raising my kids the rest of my time by myself. And that’s probably a common thought, you know how . . . how . . . like that life would be weird.”
Kris struggled with, “Looking to the future I think was the most difficult. How’s it going to be? What was life going to be like as a result of this and looking and saying you know oh my God and then pulling myself back and saying, you can’t look, you don’t know.”

Communication

Although many of the men reported their greatest fear of losing their wives to the cancer, not all of the participants shared this information with their partners. This study found that one-third of the participants (two men) were very open and shared the majority of the information, while the other four did not. Those who did communicate their feelings with their partners expressed, “There was not a thing we didn’t discuss. I tend to be a somewhat open person. I mean maybe even somewhat to a fault, I wear it on my sleeve, but that’s me and I like that. I think more men should do it” (Ronnie). John expressed the ways in which he communicated with his wife: “I told her you’re going to have to let me know when you want me to, when you need me to say something or be here or when you want me to shut up. If you want to be by yourself let me know. So we were good like that and she was honest with me and I was honest with her.” John also kept a journal with his wife as he found it easy to communicate through writing: “She used to keep a daily journal too and she let me read it. It was nice because she put all her thoughts down. Good things I did or the bad. So it was good in that way.”

Other participants, in an attempt not to further burden their wives and themselves, put on a “game face” instead of expressing all feelings. Ronnie described this game face as “And it was, you talk about putting on a game face, it was the most unbelievable thing
to do because you try to be happy and do things when you just heard this news. It was just, it was just incredible.”

Jack had a similar experience and did not want to make his wife “worry about how I am in the middle of everything. You know, take care of yourself I’ll be all right.” He further revealed:

I feel I have to be supportive no matter what they say, so any reaction that I might have, I’ll keep to myself and that will be that. But that was my first thought, and then like I say, I just, not, tried to be stone-faced kind of, you know. Show emotion to a point, where she knows I’m caring but not exactly what I’m thinking. They didn’t say I had it. So I know its going to be tougher for her then it is for me all the way around. It won’t be tougher for me unless she goes, and then she’s out of it, and I’m not. Umm, but . . . I never told her that.

Kris explained:

I don’t talk about my feelings about anything else. It’s tough, it is tough, discussing it and having an outlet besides my wife and I have to be supportive for her no matter what, then I can’t, I can’t really let her know fully what I’m thinking. So then the only person that knows is me. And that is kind of tough. Nobody to speak to, I mean there is no outlet.

Eric described that the way in which he spoke to his wife was “scientifically.” He states, “We didn’t talk much about it at all . . . we talked about it, but more in a scientific way. We talked about the studies and her reaction to the meds and stuff. But that was really how we talked about it.” Although Jack did not talk about feelings and emotions with his wife, they did talk about, “things she would find on-line, as she did her research, she would ask me should we bring this up to the doctor . . . She talks more, even now, about what she finds on-line then she does about how she feels and I haven’t said anything to her, that I can think of.” Mike explained, “We didn’t talk a lot. She had enough friends to talk to, that I didn’t need to talk with her. I just listened to them talk that was good enough for me. I guess I wasn’t the talking type I’m not a talk about my
feelings guy, that’s just the way I was brought up.” Jack summarizes the experience of these four men: “I am my own best friend. I’ve always said that. Maybe its just part of being a man, I don’t know.”

**Combat**

Combat is the third theme found in this study. To those participating, the Olympic Games are like a battle. In the fight against cancer, the battle is one of life or death.

**Preparation**

Preparation is a sub-theme of combat because preparing for battle is a key component for success. According to Swaddling (1999), “The Olympic Festival lasted for five days but the preparations took virtually the whole proceeding year” (p. 12). One participant called this preparation process a “waiting game,” as waiting for answers and figuring out what to do next was preparation for the cancer patients and their spouses. This waiting game was often difficult for all six of the participants due to the uncertainty of what the “combat” or treatment would be. Mike explained:

> The cancer thing is a hurry up and wait. My personality, I was the boss, I like to get the answers. There’s no beating around it. If you don’t have it, you go out and you tell someone to get you the answer. And you couldn’t do this, so it was tough to sit back and be patient you know because we wanted this over with... I think our mentality was the quicker we can address it, the faster it’s going to get better... but we waited for what seemed like forever.

The fear of death was not eased from John’s mind until he knew more about the diagnosis and treatment. “Right at the beginning it was tough... it was, until we really got the information, a lot went through my mind as far as her dying until we got the information.” A similar experience by Kris:

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Yup, yup those were nerve wracking weeks . . . you say you want to do everything now let’s get it done let’s get it done lets get it over with. They are not in a hurry, they kept telling us you have plenty of time. This isn’t going to go anywhere else right not. But you still, you don’t feel like you have all kinds of time, you want to get it over with it.

Eric also remembers his concern of having to wait longer for the results for clarification, “I just got back from a soccer game with my youngest kid, you know I think this is positive and I’m going to send it to for further testing. Well then, then I was a little concerned, I got to wait another two weeks to find out, and it was still up in the air some.”

In preparing for the Olympic Games, many Olympic players not only prepare physically, but also mentally. The athletes want to know about their opponents, know about the field conditions, and learn every possible detail that may influence their success or lack of success. Therefore, they read about their event in detail. The men in the study also had a similar mentality. No matter the participants’ background, ranging from a high school education to a physician, all men revealed that they spent time researching, speaking with other medical staff and friends trying to find out the most updated information about their wives’ type of cancer and treatment. Jack declared, “Knowledge is power.”

Ronnie’s first reaction was “Okay, where’s the medical library, I want to start looking,” and Mike disclosed, “We both read a lot, we were in the medical books a lot and we started watching different shows,” and Eric, “I did more reading on that particular type. You know, what’s the chance she’s going to get it in the other breast, what’s the chance she’s going to get Ovarian Cancer, you know once you have one type of cancer.”
John used the method of a tape recorder to aide in his understanding of the disease,

So we took a tape recorder because we figured we wouldn’t understand everything and when we were back home and listened to the tape recorder and we read books, and we knew just as much about cancer as the doctors did, and maybe more . . . I mean the more you read about it, then you finally say we’ll maybe this isn’t going to be what you first thought it was going to be.

Kris contacted as many healthcare professions that he knew, “I called up everybody I knew, my cousin who I had never spoken to, but I knew he was a doctor. So I called him up. I called up my college roommate who was a doctor. I called up every doctor or health professional that I knew.” Jack used on-line as his key to information, “In the meantime, I’ve been on-line finding more information than most, than a lot of the doctors, I definitely researched the disease itself, and all the different things you can do to prevent it from coming back...Oh ya, I mean, once you have knowledge, that’s what’s going to help you out.”

The treatment, also known as the actual combat, is a vivid memory for all participants. The participants remember the hardship of the battle, “the rain soaking their skin” and the “fierce heat,” yet they also found gifts and the spectacles throughout. The participants’ most vivid memories were at those times that they had to watch their wives in most distress. Mike described,

The radiation actually went pretty good we did it all week, but the chemo started and the first time matter of fact, I’m working on the yard, you know I didn’t go very far, I come in, I come in for lunch and uh, she’s lying on the ground like someone hit her with a baseball bat, knocked her right out. She had rough afternoon . . . That first Chemo really threw us for a loop so after that we were very careful.
Kris revealed,

I clearly remember the first time her hair fell out. I heard a screech from the bathroom, like she was being attacked. I ran in and she was sitting down with big chunks of hair in her hands, and crying and sobbing holding her hair in her hands. It all fell out at once. Although we knew it was going to happen, we still weren’t prepared. I just sat their and held her.

And Eric, “It’s always hard when the woman you love is reduced to E.T. I mean picture any one in your life, suddenly like that awful, like sick like you have the flu, with no hair. It’s amazing.”

Endurance

Endurance is also a sub-theme of the battle. The ancient Greeks describe the battle as needing “great powers of endurance” which was also a necessity for these husbands dealing with their wives’ treatment (Swaddling, 1999, p. 63). As the participants described, “You go through it, you do it, you do what you have to” (John), and “Like any tragedy its difficult to go on, but you go on for others that you love, and others around you” (Kris).

Participants went through struggles of their own. Mike discussed that he often just ran out of patience. I just got tired of hearing about the cancer, just talk about something else for a while. That’s all we hear. Someone would call, and I understand why they are calling, they are concerned, but Jesus, you think we could find something else to talk about . . . She would be sick all week and then the weekend would come and it would start all over again, it was like Jesus Christ I had it.

Kris also questioned his religion, “I looked up and said what the hell are you doing? You know, sure I questioned my faith, and I questioned a lot of things. I got through it, I got through it fine.”

Ronnie also wondered whether or not he had the endurance to make it through.

He stated:
And uh, I was questioning myself, not my wife, I was questioning to say, am I strong enough to go through this. Now what a selfish thought that was. And I'm sitting there thinking, am I going to go through this, will I run like I'd know some men had. And then, the social worker was great, she just listened and listened. Then she looked at me and said, you know what you just told me, you're never going to run, you're not going to run. I needed to hear that, you know, I needed to hear it. And I realized of course I'm not. It was only about a ten minute exchange and that all happened and it was so wonderful that that happened.

Nevertheless, participants found their own ways to endure the trials and tribulations that they faced in battle. Husbands needed a time out from the battle. Whether through the use of humor or distraction, they needed a break from the game.

Mike and Eric found solace and peace in their work. Mike described:

I ended up working more, and I also enjoyed working around the house. I think the work I picked up this summer was a big help because it got me out of the house, just enough. You know I saw a lot of people, I could continue, you know the way things probably could have been. I appreciated a time out, and I appreciated a time here.

Eric explained, “Our son was busy, I had a busy practice and he’s busy with sports, I was coaching, she’s teaching Sunday school, you know we’re busy, we’re doing stuff everyday, we just carried on with our lives. You know picking up the other kids at school or finding apartments, you know we didn’t have time to think about it.”

Kris took a vacation as a time out. He explained,

Over the break I took kids to go skiing in Salt Lake City, Utah. It was a long weekend and my wife stayed home. Usually after Chemo she feels sick for a few days after. The weather was 65 degrees it was beautiful, when do you see 65 degrees at that time of year? Anyways I called her up and said how are you feeling, she said, uhh I feel a little sick. I said it is beautiful the weather is 65 degrees, and the next day she got on a plane and came skiing with us, bald and all, right after a bout of chemo. That was probably one of my memories. Although we were only three months into the Chemo, it as like something we all needed. I really think that she needed that weekend and we all did. It helped in her recovery.
Humor was also a common way that the participants used to endure the battle. John explained, “I told her you know how I handle stress, I joke. I used to kid her about doing dot to dot on her cancer dots, and her radiation tattoos . . . I kid her about her scars, I say her breasts have character.” Participants also used humor when their wives’ hair fell out, “We joke about it . . . when her hair started falling out, I took her down stairs and gave her a “butch.” I told her, her head looked like an orange. I told her don’t worry its going to grow” (Mike). Kris used the popular show Seinfeld. “We used to take Seinfeld tapes down with us and watch them while she was getting Chemo. We knew it was serious, why make it more serious than it has to be? We were aware of how difficult it was, but why dwell on that.”

Supporters

Participants revealed that they had their own supporters throughout the battle. Like true fans, these supporters cheered for these participants through thick and thin. Ronnie explained, “In crisis, you figure out who your real friends are, and our real friends stuck with us, but there were a few that were on the periphery that couldn’t handle it.” John revealed, “I did talk with one of my friends, when we played golf and that’s when I’d do all my talking to him on the golf course. It was nice to have someone to talk with.” Jack talked to “the guy that was best man at our wedding, I talked to him and kept him updated.” Kris talked to, “My friend in Pittsburgh, my old roommate. I didn’t talk to him a lot but he was very brilliant, he always had the answers.” Eric’s outlet was “the doctor, that’s who I talked with.”

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Hope

The Olympic Flame, burning bright and fierce, can be viewed as a symbol of hope. A theme among all of the participants was that they possessed hope throughout the process. Mike explained, “I guess you got to have the mindset, if you approach it like the end of the world it’s going to be the end of the world . . . I think we both had a positive outlook. Because of my confidence and my optimism, I think we were going to get over it, and thank God we caught it in time.” Eric explained, “I knew it was a slow growing type of cancer, I knew it was extremely early type of pick-up, and if any cancer was going to be cured, this was one that was going to be cured.” Ronnie received, “almost a death sentence, it was devastating. But we didn’t view it that way.” Jack admitted, “Anybody that I’ve ever met in my life that’s diagnosed with cancer is dead. She is going to be the first one to prove me wrong.” Kris, “I can never remember thinking what happens if she doesn’t live. I never really let myself go there either. I just didn’t. Maybe that was my way of handling it, but I just didn’t go there. I thought we were going to fight it and that’s that.”

Gifts

Storr (1988) in his book Solitude revealed, “The human spirit is not indestructible; but a courageous few discover that, when in hell, they are granted a glimpse of heaven” (p. 61). Gifts are a sub-theme of hope. Participants in this study were also able to recognize the “gifts.” Ronnie explained, “There’s a musician that’s known all around the world and he says the mystery is in the gifts. We’ll never understand the mystery, why she had cancer, but there is always going to be gifts.” Other participants agreed and described these gifts, “This is going to sound funny, but in a lot of ways, I
think it was a really good experience, if you can say that. Because she was a really quiet
person and it drew her out a little, she took charge” (John), and “If anything, it certainly
brought us closer, we shared the summer. We did a lot together” (Mike), “It really made
me think about a life without her a whole lot. I have more appreciation for her,
definitely.” Ronnie also described his relationship with his wife:

Clearly it changed for the better because what it forced us to do. Not because we
weren’t living a good life but she had a very busy practice and I was going helter
skelter. We were off like ships passing through the night. That all came to a
screeching halt when this happened, and it forced us to look again at what we
truly want to get out of our lives together. We want to live very closely and very
deeply, and get as much enjoyment out of life that we can.

**Hero**

I can’t describe the scene in mere words...the incredible pleasure of admiring the
athlete’s courage, irresistible strength, all their bravery, pride, their unbearable
determination, their unstoppable passion for victory. I know that if you were there
in the Stadium, you wouldn’t stop applauding (Perrottet, 2004, p. 1).

The middle ring, which holds all pieces together, represents the hero. Throughout
the entire experience, all of he participants saw their wives as the true heroes. It was their
wives that gave them the true inspiration to endure the battle. Ronnie explained:

And I would insist on getting a room in the back so I could look up at the floor
my wife was on. And I had many nights just standing at the window looking and
kind of, a little teary, and yup, very encouraged as well, just looking up and
seeing that, I could go to bed and get up the next day and do it again.

Kris explained, “You know, I have great respect for her and admiration. She was always
positive, never complained, she was a fighter. I guess that’s why I never second guessed
her recovery. I knew if anyone could beat it, she would.” Ronnie believed that “To watch
her was inspirational it solidified every reason why I married her in the first place.” Jack
also “developed a greater appreciation for her” and Eric agreed that “To watch her really
inspired me.”

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Personal Change

All true heroes can look back on tragedy and recognize and appreciate change. The Chinese word for crisis means “danger and opportunity.” The participants in this study took advantage of the opportunity for change. Ronnie explained, “Ya, but life on that day changed, I mean that was a cataclysmic moment.” Traumatic events often bring the confrontation with mortality, and in this, may cause individuals to find meaning in life and revise life goals (Weiss, 2004).

Personal changes which occurred in the participants as a result of this experience were, “I got more emotional because of all of this . . . but we don’t think of dying quite as much anymore, I’m not worrying about dying” (John). Mike agrees that, “You don’t take life for granted anymore.” Ronnie admitted, “I have become not intolerant to say, but certainly unreceptive to people who lament about minor things in their life. I just blind them out. Cause frankly, you don’t know what its like to be tested. I’d never say that, but, sorry trivial things just don’t matter anymore.”

Jack and his wife started a cancer fund in their local town. “You know some people, they have no benefits, they pretty much lose everything going through it. So her and I, well she had the idea to start a cancer fund of some sort, just for people where we live, you know, not for the world. Because there is nothing, there is nothing here. So we did, we started the Cancer Fund.”

For Future Husbands

“The greatest achievement for an athlete in the ancient world was to win the Olympic crown of wild olive leaves. The material prizes offered at other athletic festivals were insignificant compared to the fame and glory earned by the Olympic victor”
(Swaddling, 1999, p. 90). This fame and glory has them express what they learn to others.

Tell future Olympians and their supporters:

Mike: Well, I would certainly tell them to be optimistic. Today's medicine, they work wonders and they certainly do. It's not the end of the world. You need a lot of patience.

John: Just uhh, read up, do what his wife is doing, read up on it make sure that you go in there and listen to what the doctors are saying as much as her don't let her go through that by herself. Take a tape recorder, definitely take a tape recorder and ask the doctors and most of them don't care cause you want to hear it. And just uhh—don't hold your emotions in, you know let her know how your feeling, cause she wants to know, in most cases they want to know.

Eric: Ya the other thing to learn is that breast cancer is not a death sentence by any means, you know, breast cancer is something we can deal with, diagnose it early, treat it, or whenever you diagnose it, treat it, do the appropriate thing. You know there are some cases that are really aggressive cases and they just take right off and that's really unfortunate, umm but, it's not a hopeless situation.

Jack: Knowledge, research, do your research. Umm, find out as much as you can about what it is, the type of tumor and the size, the different stages, there's things that I had no idea about, you know probably because of her survival.

Kris: I would tell a husband that it is important to make sure that the wife realizes nothing is going to change in the relationship. Things aren't going to, you're going to pick up the slack with the lads so that she doesn't feel guilty—that is the last thing. You consider what she means to you-you consider who she is and you let her know this, hopefully she believes you. The more you do, the more she can concentrate on one thing-getting better, that's what she needs to concentrate on. If she can concentrate on getting better, she will get better. She needs to be in the mental state to get better.

Ronnie: But always remember, when the hair begins to fall out, you know that the Chemo is doing what it's supposed to be doing. So when it happens, you know it's going to happen, be thankful that it does happen because that means its working.
CHAPTER V

DISCUSSION

Implications of Research

The five themes of sacrifice, vulnerability, battle, hope and hero have explicitly and subtly emerged in other research.

Much like the theme of Sacrifice, Hilton and Crawford (2001) had a similar theme of “Keeping the family together.” In this study, male spouses of breast cancer survivors admitted that their own needs became secondary to their wives’ needs as they focused on trying to keep patterns normal and take care of the household duties. Studies have indicated that no matter the sacrifice that men make to their wives, they all admit that they are strengthened by their wives’ positive attitudes (Morse, 1991).

Petrie, Logan, and Degrasse (2001) studied sexuality and intimacy in males whose wives had cancer and found that men also sacrificed their sex life. The men revealed that intimacy and sex life was compromised during the treatment and post-treatment.

Men in this current study revealed their deepest fears of their wives’ not surviving the cancer. This fear of dying caused men in Gotay (1984) to have psychosomatic and emotional problems due to this fear of death. Although the participants in this study did not allude to any psychosomatic and emotional disorders, they did share their very real fear of their wife’s possibility of death.
One of the long-standing beliefs is that breast cancer causes increased marital breakdown and divorce. This study, along with a study by Brown et al. (2000), rejects this belief. Instead, it supports the literature that males are often fearful of losing their wives and do not know how life would be without her. The spouses in this study did not have any intention of leaving their wives and had steady relationships. This supports the finding that partner abandonment is not common in women who are diagnosed with breast cancer if marital relationships are stable before the cancer (Brown et al., 2000).

Preparation, a sub-theme of combat, was similar to those participants in a study by Sahlis and Shands (1991). Salis and Shands found that the more prevalent need for the participants was to find information. These spouses wanted information not only for themselves but to help their wives, and they actively sought information to help them better understand the disease. Like the men in this study, Salis and Shands found that males actively sought out information about their wives' disease. This information provided a way for the spouses to better understand the disease, and better understand what their wife was physically going through.

As previously mentioned in Chapter II, researchers have identified four of the most common coping styles that women adopt when coping with the disease (Fillion et al., 2002). These include disengagement, self-distraction, active coping, and drawing out emotional support from others. Much like women, the men in this study used similar coping strategies; the two most widely used were self-distraction and active coping. Men in this study preoccupied themselves with working or doing work around the house when they seemed overwhelmed with the cancer. They also used humor to distract them from the seriousness of the disease. The males in this study also used active coping by
responding directly to the disease and helping their wives design a plan of action. In addition, the men in this study did seek out support from their own “supporters.” The study done by Petrie, Logan, and DeGrasse (2001) also showed that men often sought out friends and co-workers for support, similar to the supporters and fans in this study. Interestingly enough, each male in this study reported speaking with no more than one other person about the disorder, where women tend to seek out a larger number of supporters (Fillion et al., 2002).

In this study, communication patterns were found to be different among the six participants. Two of the men were very honest with their wives about their feelings and thoughts, yet the other four men believed that it was better to keep information to themselves. Often, the way in which these four men communicated about the disease was through the use of “science” in talking about treatment. Examining past contradictory research on communication supports this study’s findings that a number of males do communicate openly with their wives, yet, there are a large number that still do not.

A study by Morse (1991) revealed that participants did not often share their feelings with their wives. However, Carter (2000) showed contradictory results as he found that spouses do talk about the disease and do share a great deal of feelings. A study done in 2003 supported Morse’s earlier study (1991), indicating that men find it difficult to talk about unpleasant feelings and fear asking for attention at a time when they believe that their partner needs the most attention and focus. “I thought the last thing she needed was me blubbing about how I felt” (Silver, 2003, p. 23). These two conflicting studies represent the sample of this study. Some men did share their deepest thoughts.
feelings with their wives, some talked about the disease and treatment scientifically, while others held all information in and did not speak about it at all.

Participants in this study have all recognized some type of growth as a result of having a wife diagnosed with breast cancer. Research has shown that post-traumatic growth (PTG) is often the end result in the aftermath of trauma (Weiss, 2004). In Weiss's (2004) quantitative study, 88% of husbands whose wives were diagnosed with breast cancer reported positive changes in their lives such as enhanced interpersonal relationships and greater appreciation of life after the experience of the breast cancer. “It is this suffering, this existential crisis, which paves the road to personal growth” (Weiss, 2004).

**Implications of Research**

Healthcare professionals who work with families of cancer patients can now see issues that may be raised between spouses of those who been diagnosed with breast cancer. As one participant explained, “I’m going through it too. It’s hard to tell people that.” This study has indicated that the spouse should also be recognized and cared for as going through a traumatic experience. Potential interventions could include providing support groups for families, facilitating men’s involvement in the treatment and progress of the disorder, and recognizing that the males do play a large role in this experience. Healthcare professions may target interventions which are geared toward the needs of spouses in dealing with increased stress as the illness progresses. Little has been done to develop and evaluate interventions designed to help spouses adjust to the stress of having a wife diagnosed with breast cancer (Samms, 1999). Support groups may be an important way to support men and help them cope with the diagnosis and the new roles they play.
One husband explained, “I forgot, it was just recently, I don’t know who I was talking to, where we were going, and a person asked me how I was doing, One person! Yup, and I, I was glad inside, I was shell shocked you know Jesus, there is somebody out there that wants to know how I am doing.”

This study also contributes to the field of psychology called “positive psychology.” In the past, researchers have spent a great deal of time and energy examining psychological distress and the consequences of negative coping styles in relation to trauma. This study, while it did focus on the negative effects of trauma, also examined positive outcomes and positive growth in the males who experienced the trauma of their wives’ diagnosis and treatment.

**Further Research**

The interpretation of the findings described above is constrained by several methodological limitations. Generalization of the results is limited by the small sample size and lack of racial and geographical diversity. Generalization is also limited by the self-selected nature of the participants. The males who volunteered to participate may have had more positive experiences from those who refrained from participating.

Recommendations for future research are indicated. Firstly, an expansion of the current study utilizing a larger sample population, optimally reaching saturation is imperative to achieving an exhaustive description. In addition, the inclusion of other family members in this research, such as including each one’s perspective on the experience and comparing the two, may lead to new insights. This may offer a new perspective on the phenomenon. This current study may be viewed as a preliminary investigation for further research.
In summary, the findings of this study indicate that the struggle with breast cancer is very much seen in those males whose wives are diagnosed. Therefore, psychosocial interventions should include approaches that would support personal growth for both the patient with breast cancer and her spouse. Knowing that women view their husbands as their biggest support person when dealing with a diagnosis of cancer, the male experience is important to understand so that both women and men receive the most support (Coyne & Anderson, 1999).
LIST OF REFERENCES


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APPENDICES
APPENDIX A: SAMPLE FLYER

Husbands: We are looking for YOU!

Male Spouses of Breast Cancer Survivors

A University of New Hampshire graduate student would like to interview men whose wives are breast cancer survivors. The graduate student wants to better understand the experiences of these men and plans to use the findings in her Master’s thesis.

If you are interested and/or willing to participate in a 60-90 minute interview to help contribute to the field of counseling and medicine, please contact Heather at 603-828-7948 or e-mail her at hjr2@cisunix.unh.edu. All interviews will remain confidential, and no identities will be revealed in the study.
APPENDIX B: SEMI-STRUCTURED INTERVIEW QUESTIONS

The Same Demographic Questions Will Be Asked In All Interviews

1. What is your age?
2. What do you consider as your race/ethnicity?
3. What town/city do you reside in?
4. Describe your educational background.
5. Describe your family structure.
6. How long have you been married to your current partner? Have you had any previous marriages?

Open-Ended Interview Questions for the Male Participants

The interview will include these four open-ended questions

Describe the experience of having your wife be diagnosed with breast cancer.

What was the most difficult part of this experience?

Describe your feelings during this time.

Describe your role in the family during this time.

These questions are further probing questions which may be used to guide the interview if needed:

- When did you find out that your wife was diagnosed with breast cancer?
  
  Can you describe this experience?

- How did you deal with the diagnosis?

- What were your thoughts on the type of surgery and treatment that your wife had to undergo? Did you take part in the decision of type of treatment/ surgery?

- Did you discuss the cancer openly? If so, with whom?

- Did you discuss your feelings openly? If so, with whom?
• Did you seek outside support? From whom?
• Did your relationship with your wife remain the same throughout the experience?
• Were there changes in your behavior or your wife’s behavior?
• How did the rest of your immediate and/or extended family react?
• Who was your biggest support person?
• Do you find your wife as attractive as before?
• Have there been any significant changes in your sex life?
APPENDIX C: INFORMED CONSENT FORM

Informed Consent

Purpose: The purpose of this research is to better understand the experience of a husband whose wife has been diagnosed with breast cancer.

Description:
- You will be asked to discuss your experience of having a wife diagnosed with breast cancer through three stages of her disease: her diagnosis, her treatment, and her remission stage. You will also be asked to discuss how you feel about yourself and your wife right now.
- Some of the questions will ask about personal and possibly stressful experiences you may have had, including questions about experiences and relationships with family members.
- You will be tape-recorded during the entire interview.
- Your responses to the questions asked and the information that you will provide will be kept with great care to ensure confidentiality. No identifying information will be revealed to others.
- You may skip any question that you do not wish to answer and can stop your participation at any time without any penalty.
- You will be receiving a debriefing form at the end of the study, which will discuss the results of the study.
- There are a few risks associated with being part of this study. As a result participating in the interview you may be asked to discuss personal events or experiences that may be stressful for you.
- However, the benefits of this research are that you will be helping us understand more about the experiences of women with breast cancer compared to those experiences of her husband’s.
- It should take approximately one to two hours to complete this interview.
- This research will be conducted by a graduate student who is enrolled in the Master of Arts Counseling Program at the University of New Hampshire.

PLEASE READ THE FOLLOWING STATEMENTS AND RESPOND AS TO WHETHER OR NOT YOU ARE WILLING TO PARTICIPATE.

1. I understand that the use of human subjects in this project has been approved by the UNH Institutional Review Board for the protection of Human Subjects in Research.
2. I understand the purpose of this research, the procedures to be followed, and the expected duration of my participation and have received a description of foreseeable risks or discomforts associated with my being a research participant and I understand these.

3. I understand that the confidentiality of all data and records associated with my participation in this research, including my identity, will be fully maintained.

4. I understand that my consent to participate in this research is entirely voluntary and that my refusal to participate will not involve loss of benefits to which I would otherwise be entitled. I also understand that if I consent to participate, I may discontinue my participation at any time without loss of benefits to which I would otherwise be entitled.

5. I confirm that no coercion of any kind was used in seeking my participation for this research.

6. I understand that if I have any questions about this research I can discuss them in confidence with the principal investigator, Heather Roy, graduate student, at 828-7948 or Julie Simpson at the office of Sponsored Research at 862-2003.

7. I understand that I will not receive any financial incentive for my participation.

8. I certify that I have read and fully understand the purpose of this research project and its risks and benefits as stated above.

PLEASE SIMPLY CHECK THE BOX REFLECTING YOUR CHOICE AND SIGN YOUR NAME IF YOU AGREE TO PARTICIPATE.

_______ I CONSENT / AGREE to participate in this research project.

_______ I REFUSE / DO NOT AGREE to participate in this research project.

________________________________________
Signature of participant
APPENDIX D: DEBRIEFING FORM

Thank you for your participation in this study. The study you were a part of today is in the area of community and counseling psychology. The focus is on trying to better understand the impact of having a wife diagnosed with breast cancer.

Breast cancer is the most prevalent form of cancer among women. In fact, every two minutes a woman in the United States is diagnosed with breast cancer (breastcancer.org, 2006; Shannon & Shaw, 2005). The diagnosis of a potentially life-threatening disease disrupts not only the life of the patient but also the lives of those closest to the patient (Wagner et al., 2006). The effects of cancer and its treatment can cause dramatic changes in relationships, roles, and psychological health for both partners (Segrin, Badger, Meek, Lopez, Bonham & Sieger, 2005). Correlational study has shown that as the emotional well-being of a woman diagnosed with breast cancer improves or deteriorates her partner’s well-being simultaneously follows (Segrin et al., 2005). Husbands, in particular, have struggled with considerable psychological distress including both anxiety and depression, and have reported an equal number of affective disorders, compared to the patients themselves (Wagner et al., 2006). There are only few studies of married couple’s perceptions of breast cancer and the experiences of each spouse. Thus, there is a need to better understand the psychological experiences that the husband experiences and how these experiences may interact and influence the patient. Through awareness and understanding of the day-to-day challenges, counselors and medical staff will better understand and establish a therapeutic relation with clients.

This is a qualitative study and our aim is to capture the lived experiences of husband’s whose wives have been diagnosed with breast cancer. Qualitative research is a methodical and subjective approach used to examine life experiences and give them meaning. Research of this qualitative nature exhibits a commitment to the participant’s viewpoint by reporting in a style that conveys understanding, made with rich participant commentaries (Streubert & Carpenter, 1999). The results of this study will be based on the interviews that the researcher has with each male participant. Audio-tapes will be transcribed verbatim, allowing the researcher to examine them line by line. The researcher will draw out significant statements made by the participants and identify common phrases and ideas among the interviews. Common themes will be explored to help the researcher understand the true experience of the individuals in the study.

It is important for you to know that once the audio-tapes are transcribed they are destroyed. In addition, all interviews will remain anonymous and your name or identity will never be revealed. If you have further questions about this research, please contact the primary investigator: Heather Roy, graduate student at the University of New Hampshire hjr2@unh.edu.

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Sometimes when people are asked to think about their own lives and experiences, they also feel the need for some assistance or the need to talk to someone further about their thoughts and feelings. There are many places you can get help for all kinds of problems you or someone you know may be having. Here are the names and phone numbers and websites of some nearby resources:

- **Wentworth Douglas Hospital Breast Cancer Support Group**  1-603-742-5252
- **Seacoast Mental Health**  1-603-431-6703
- **York Hospital Cancer Support Center**  1-207-351-3777
- **Breast Cancer Survivors Group**  1-207-646-1364
- **National Toll Free Breast Care Helpline**  1-800-462-92

**Website Information**

- BreastCancer.org  www.breastcancer.org
- Susan K Komen Breast Cancer Foundation  www.komen.org
- National Breast Cancer Foundation  www.nationalbreastcancer.org
APPENDIX F: IRB APPROVAL LETTER

University of New Hampshire

Research Conduct and Compliance Services, Office of Sponsored Research
Service Building, 51 College Road, Durham, NH 03824-3585
Fax: 603-862-3564

13-Nov-2006

Roy, Heather Education,
Morrill Hall
57 Edgewood Road
Durham, NH 03824

IRB #: 3824
Study: The Male Perspective: The Psychological Experience of a Husband whose Wife is Diagnosed with Breast Cancer
Approval Date: 08-Nov-2006

The Institutional Review Board for the Protection of Human Subjects in Research (IRB) has reviewed and approved the protocol for your study as Expedited as described in Title 45, Code of Federal Regulations (CFR), Part 46, Subsection 110.

Approval is granted to conduct your study as described in your protocol for one year from the approval date above. At the end of the approval period, you will be asked to submit a report with regard to the involvement of human subjects in this study. If your study is still active, you may request an extension of IRB approval.

Researchers who conduct studies involving human subjects have responsibilities as outlined in the attached document, Responsibilities of Directors of Research Studies Involving Human Subjects. (This document is also available at http://www.unh.edu/osr/compliance/irb.html.) Please read this document carefully before commencing your work involving human subjects.

If you have questions or concerns about your study or this approval, please feel free to contact me at 603-862-2003 or Julie.simpson@unh.edu. Please refer to the IRB # above in all correspondence related to this study. The IRB wishes you success with your research.

For the IRB,

Julie F. Simpson
Manager

cc: File
Hebert, David

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