

# COUPLES' EXPERIENCES OF A MASTECTOMY FOR BREAST CANCER AND THOUGHTS REGARDING BREAST RECONSTRUCTION DECISION-MAKING

Kristopher LAMORE<sup>1</sup> - Cécile FLAHAULT<sup>1</sup> - Léonor FASSE<sup>2</sup> - Aurélie UNTAS<sup>1</sup>

1 - Laboratory of Psychopathology and Health Processes, EA4057 (Paris Descartes University), France ;  
2 - Psy-DREPI laboratory, EA4452, University of Bourgogne Franche-Comté, France

Corresponding author: kristopher.lamore@parisdescartes.fr



Download the poster!

## CONTEXT

The psychological impact of breast cancer treatments is well known and described in the literature. Less is known about couples' interactions through treatment decision-making. Berg and Upchurch (2007) model indicates how couples cope together and work as an interpersonal unit rather than two distinct individuals when they have to deal with a chronic illness. Thus, we conducted a retrospective study to investigate couples' breast reconstruction (BR) decision-making process (Fasse et al., 2017). This qualitative study showed how physicians were important in the decision-making and enlightened partners' roles in this choice (i.e., mostly consultative and supportive). However, the retrospective design and the analysis performed (i.e., thematic analysis) does not give a clear explanation of how partners influence BR decision-making.

## OBJECTIVES

- ➔ To explore couples experience and adjustment to breast cancer treatment
- ➔ To study how BR decision-making is considered one month after the mastectomy

## METHOD

➔ Five couples were recruited in two hospitals and one cancer care in the Paris area (France).



WOMEN : 46 years

MEN : 49,4 years

MEAN AGE



16,6 years

MEAN DURATION OF THE CONJUGAL RELATIONSHIP



19,2 days

BETWEEN THE MASTECTOMY WITH OR WITHOUT IMMEDIATE BR AND THE INTERVIEW (mean)

➔ An unstructured and individual interview with the women and their partners. Initial question asked: "Could you tell me what you are currently living?"

➔ **Analysis:** Interpretative Phenomenological Analysis (IPA). An approach « committed to the examination of how people make sense of their major life experiences » (Smith, Flowers and Larkin, 2009, p.1).

### QUESTIONNAIRES (completed before the mastectomy)

Dyadic Coping Inventory (DCI, Bodenmann, 2008)  
Information Needs Questionnaire (PINQ, Mesters et al., 2001)  
Profile of Mood States (POMS, Mc Nair et al., 1971)

## QUALITATIVE RESULTS

### 8 SUPERORDINATE THEMES EMERGED FROM THE PARTICIPANTS DISCOURSE

#### PRIORITY GIVEN TO HEALTH AND ILLNESS

- Priority is healing
- Care pathway and treatments
- Family history of cancer

#### BREAST LOSS: GRIEVING AND COPING

- The scar
- Amputation / Mutilation
- Is the mastectomy visible or not to others ?
- How do couples cope with the mastectomy ? (denial, optimism or acceptance)

#### LIVING WITH THE DISEASE AS A COUPLE

- No impact or strengthened the relationship
- Disease experienced as a dyadic stressor
- Roles adopted (e.g., protector)
- Women's, men's and couples' difficulties (e.g., to talk, to say reassuring words)

#### BREAST RECONSTRUCTION: A PREOCCUPATION ABOUT THE FUTURE

- Looking for information
- BR techniques
- Concerns about BR results
- BR is not important
- A choice or not
- Reasons for or against BR

#### Themes not developed (presented in Lamore et al., submitted):

- Quality of the relationship with health providers
- A social but sometimes hidden illness
- Physical and emotional impact of the illness
- Couples emotions

#### Couples interpretative account

(Interpretative accounts for both women's and partner's individually were also built)

- The disease affects the couple's relationship and makes them reconsider their relationship: **Couples feel closer to each other.** Couples' experiences remind them of their wedding vows "In sickness and in health".
- Couples make sense of their partner experience of the disease in order to make a treatment choice. **Women and partners both have an indirect influence on the decisions made and treatments are decided as a couple.**

## Quantitative results

### Dyadic coping (DCI) total score

Women and their partners are in the normal range

### Need for information

♀ < ♂ **Women have less need for information compared to their partners**

### Emotions (POMS)

Anger	♀	<	♂
Anxiety	♀	=	♂
Confusion	♀	=	♂
Depression	♀	>	♂
Fatigue	♀	>	♂
Vigor	♀	>	♂
Total score	♀	=	♂

#### Women's verbatim

"I am positive by nature. I have always been a fighter"

"He is cute, he always says: 'I did not get married to a breast'. Obviously, you don't get married to a breast or even two breasts. I married you. Okay. That's something that reassures me"

"But first, I think I, I want to do it for the right reasons, obviously, for me and then for my husband. These are the two factors"

#### Partners verbatim

"I am positive by nature, so I have always been confident"

"I'm coping. I am here. But maybe I am not doing enough. Maybe I don't use the right words or do things the right way. I don't know"

"If I tell her it doesn't bother me [the mastectomy] and that I am not going to run away because she loses a breast ... I hope she will take that into account"

## CONCLUSION

- ➔ **Couples cope individually** with the mastectomy by thinking about the future and BR.
- ➔ Thinking about BR can relieve fears associated with the disease (e.g., death) and to focus on healing.
- ➔ BR appears to be a **decision made as a couple:**
  - **Women** discuss their wishes and fears of BR with their partners
  - **Partners** have an indirect influence on this choice (i.e., women make a treatment choice taking into consideration how it will impact their couple)
- ➔ **Partners have a greater need for information and express more anger than women.** These results need to be replicated with a larger sample.

## REFERENCES

- Berg, C. A., & Upchurch, R. (2007). A developmental-contextual model of couples coping with chronic illness across the adult life span. *Psychological Bulletin*, 133(6), 920-954.
- Bodenmann, G. (2008). *Dyadisches Coping Inventar (DCI)*. Bern, Switzerland: Huber.
- Fasse, L., Flahault, C., Vioulac, C., Lamore, K., Van Wersch, A., Quintard, B. & Untas, A. (2017). The decision-making process for breast reconstruction after cancer surgery: representations of heterosexual couples in long-standing relationships. *British Journal of Health Psychology*, 22(2), 254-269.
- Lamore, K., Flahault, C., Fasse, L., & Untas, A. (submitted). "Waiting for breast reconstruction": An interpretative phenomenological analysis of couples' experiences of mastectomy for breast cancer.
- Mesters, I., Van den Borne, B., De Boer, M. et Pruyn, J. (2001). Measuring information needs among cancer patients. *Patient Education and Counselling*, 43(3), 255-264.
- McNair, D. M., Lorr, M. et Droppleman, L. I. (1971). *EITS Manual for the Profile of Mood States*. San Diego, CA: Educational & Industrial Testing Service.
- Smith, J.A., Flowers, P. and Larkin, M. (2009). *Interpretative Phenomenological Analysis*. London, UK: Sage.