

Research Article

The Support of Spouses Confronted with Cancer Seen by a Clinician: The Experience of the Association APAAC (Helping People with or Affected by Cancer) in Côte d'Ivoire

Didi-Kouko Coulibaly J^{1*}, Aka Dago-Akribi H², Traore K³ and Kissi R⁴

¹Medical Oncologist, University Felix Houphouet-Boigny, Abidjan

²Clinical Psychologist, University Felix Houphouet-Boigny, Abidjan

³Medical Oncologist, University Felix Houphouet-Boigny, Abidjan

⁴Clinical Psychologist, University Felix Houphouet-Boigny, Abidjan

*Corresponding author: Didi-Kouko Coulibaly J, Department of Immuno-Hémato-Cancerology, University Felix Houphouet-Boigny, Abidjan

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Abstract

The diagnosis of cancer affects not only the patients but also their relatives and more particularly the spouses. Although there is more and more healing and long-lasting complete remissions, the feeling of being in vital danger continues to predominate. In the life of the couple, the anxiety of death sets in. Added to this, is the poor acceptance by the spouses of the loss of body image of their wives, the fear for some to be contaminated by cancer, anxiety about the transmission of pathology to their children, financial difficulties, due to the fact that there is not yet social security system. To all these situations are added difficulties of communication, a succession of unspoken feelings. Although “despite cancer, life continues...” some couples “die” because of real crises they are confronted with, related to this intruder that cancer represents. Through a dialogue between patients, caregivers and spouses, the authors report the positive impact of the APAAC Association’s speaking spaces on four (4) couples affected by cancer through their wives, including three breast cancer patients and one placental choriocarcinoma patient. Sharing of experiences, seniority in the experience of the disease as well as the participation in the groups of speech, clarifications brought by doctors and psychologists are all elements that allowed these four couples to live better the cancer experience.

Keywords: Cancer; Psychological support; Couples; Association APAAC

Introduction

The diagnosis of cancer affects not only the patients but also their relatives (parents, children, brothers and sisters, friends, etc ...) [1-3]. The spouses, usually the primary providers of companion care during the occurrence of cancer to their partners, are even more concerned. They are faced with essentially psychological disturbances of multiple causes (sexuality, finances, fears, unspoken feelings...), responsible for difficulties in the couple. Although “despite cancer, life continues ...” some couples “die” because of real crises they face, related to this intruder that cancer represents. Although there are more and more complete cures and long-lasting remissions, the feeling of being in vital danger continues to predominate. Several authors, including Badger, have demonstrated that in the context of breast cancer, for example, psychological management can improve the psychological quality of life of women with breast cancer and their spouses. However, this support to couples is very scarcely proposed [4]. The population of Côte d'Ivoire, with or affected by cancer, shares the same concerns. The authors report, through a dialogue between patients, caregivers and spouses, the positive impact of APAAC speaking spaces on four (4) couples affected by cancer through wives including three breast cancer patients and one placental choriocarcinoma patient.

Methodology

An association called in English “Helping People with or Affected

by Cancer (APAAC in French)” was created in 2009 in Côte d'Ivoire, whose motto is “Despite cancer, life continues ...” and whose objectives are among others;

- To provide moral, psychological, social and spiritual support if needed, as well as useful advice and information, to cancer patients and their families;
- To provide, whenever necessary, medical assistance, in particular palliative care, to cancer patients residing in non-hospital settings (home or other).

In response to an identified need [5], the association APAAC has set up, since January 10, 2010 and September 15, 2010, speech groups intended respectively for people with cancer and their relatives

These are monthly self-help groups led by doctor oncologists and clinical psychologists, which take place outside the hospital in user-friendly settings. Participation is free of charge. Patients or relatives who wish to participate send their telephone contacts to the permanence of the association. At the approach of each group, they are invited by SMS and the place is specified to them.

The subjects covered are variable and some of them relate to the difficulties of relationships in the couple (communication, nutrition, sexual problems, and financial difficulties).

Our methodology consisted in analyzing the exchanges in the

different speaking groups and in extracting dialogues from two (02) patient speech groups and one group of relatives and to present the impact of these exchanges on the persons concerned, either by feedbacks to the association or by observations made in everyday life.

Results

Patient speech group n° 1: Mrs. TD, 38 year old, with non-metastatic breast cancer, being treated

1. Mrs. TD: "I asked my husband to take a second wife. When he comes back home in the evening, he does not talk to me anymore. "
2. The other female patients in the group: "Do not give this opportunity to a man because he risks to leave for real ... We understand what you feel, but we should approach the problem otherwise ..."
3. Mrs. TD: "But this is not a life for him! He does not love me any more ... "
4. APAAC Oncologist: "It may be a manifestation of his fear of being powerless against the aggressor of his wife. Try to ask his best friends; He may go visit them before coming home in evening, and sheds his sorrow with them. "
5. 2 weeks later ... in a supermarket in Abidjan:
6. Mrs. TD and her husband hand in hand with their daughter;
7. APAAC Oncologist (discreetly in an aisle to Mrs. TD): "Is it better between you two?"
8. Mrs. TD: "Yes Doctor, I actually inquired with his friends; He spends it every evening. He often cries and says he is afraid to lose me ... "

Patient speech group n° 2: Mrs. TR, 43 years: in surveillance of a non-metastatic breast cancer treated for 6 months and Mrs. NH, 35 years, with a choriocarcinoma in recurrence and during chemotherapy002e

1. Mrs. TR: "I had breast cancer; I finished my treatment 6 months ago. I came back to Côte d'Ivoire and I feel good. But I have a problem: my husband no longer speaks to me, no longer touches me ... I tried everything, I even saw some of our relatives, who told me I had to accept this situation . I do not know what to do... "
2. Mr. ZT, 63 years (with bone metastatic prostate cancer): "I would have liked to be in front of your husband to explain to him that we are not contagious, and that we need support to get out of this situation. If I, as a man, had a tremendous need for my wife's support, how much more would you need as a woman ... "
3. Mrs. NH: "I advise you to make everything possible to have your spouse participate in the groups of relatives. I have had cancer for 3 years. My husband has discovered the speaking groups of relatives 2 months ago and he has participated twice. His attitude towards me has totally changed, he understands me better ... "
4. APAAC Psychologist: "Does your husband blame you for anything?"
5. Mrs. TR: "I do not know. The problem is that he says nothing to me. And when I ask him if there is a problem, he answers that there is none. "

6. APAAC Psychologist: "" Did you try to talk to him about it? Try to get a talk with him about the topic you are raising "

7. Mrs. TR: "In any case, he will never accept"

8. APAAC Psychologist: "Try. He may be afraid. He may think that you will infect him and that in the end your children will be orphans of father and mother... Maybe these are the thoughts that animate him, although they are false."

9. Mrs. TR: "I cannot make it. I wish someone invites him to a speaking group, but not a woman. He will accuse me of having spread his life among other women. I would like it to be a man who invites him, and preferably a mature man (referring to Mr. ZT)... "

Four (04) days later...

1. Phone call from Mrs. TR to APAAC: "I followed your advice. I spoke to my husband as you recommended it. He not only accepted to listen to me, but he is also ready for the association to invite him to the speaking group of this week ... "
2. Mr. TR is immediately contacted by telephone by the APAAC assistant, who is a patient, cured of papillary thyroid cancer and introduced herself as such. He accepts the invitation.

Three (03) days later: Family speaking group

1. Mr. TR: "My wife has breast cancer; she was treated and I came to know more."
2. APAAC Oncologist: "Do you have any specific concerns?"
3. Mr. TR: "No, I'm new, I prefer to let others speak before me ..."
4. Mr BR (Spouse of a patient with breast cancer): « I am also new, but I will start and ask my questions... »
5. Miss KM (Daughter of breast cancer patient): "Is breast cancer contagious?"
6. APAAC Oncologist: "Not at all, the cancer is not contagious ... The cancer is due to genes that become a little" crazy "and that disrupt the messages of functioning of the cells. These genes cannot be transmitted through contact, neither to the spouse nor to any other person with whom we live ... "
7. Mr. TR, surprised: "Excuse me? Cancer is not contagious???? I always thought it was. I was convinced that cancer was not only contagious, but inherited in all cases. "
8. Mr. CT (Husband of a patient in full remission of breast cancer since 2012, participating in the groups since 2010): "No, not at all. I too believed the same thing when my wife breast cancer was discovered, but I was informed during a speaking group that cancer is not contagious. In addition, breast cancer can be cured. My wife is in remission. We are in the surveillance phase but I think she will be healed. "
9. Mr. TR: "Can one be healed of cancer??? As far as I am concerned, cancer was contagious and systematically fatal! I was afraid my children would be orphans ... I dared not approach my wife ... "
10. Mr. NH (Husband of the patient with choriocarcinoma): "I

thought like you. Anytime my wife would ask me to attend APAAC's speaking groups, I did not see the point. One day the APAAC association sent me an invitation, without going through my wife and I came. I am now participating for the third time and my vision has changed. I learned a lot and acquired weapons to support better my wife psychologically. "

Two (02) days after the group of relatives

Telephone call from Mrs. TR to the association: "Thank you for saving my couple ..."

Discussion

The diagnosis of cancer represents an emotional, psychological and physical shock, disrupting the whole family organization and the relationship between spouses [1]. In the life of the couple, the anguish of death sets in. To this must be added the poor acceptance by the spouses of the deterioration of the body image of their wives, the disorders of sexuality [6], the fear for some to be contaminated by cancer, the anguish of the transmission of pathology to their children, financial difficulties [2]. To all these situations come the difficulties of communication, a succession of unspoken. The two spouses have difficulty in understanding each other [6] and experience psychological disorders including depression and anxiety [1] due to presence of cancer.

If the relationship of the couple is already a little fragile, both partners will have difficulty to overcome this test [1,6]. Hence the importance of creating a framework for exchanging information for spouses in order not only to reassure them but also to remove prejudices. Indeed, in our work, one spouse thought that the cancer was not only contagious but systematically fatal, which is false. The right information was enough to make him change his behaviour. The course is certainly long, but this start is encouraging. The other spouses were also in the same situation, but the information's they had during different exchanges in speaking groups changed their vision and improved their quality of life. Many women identify their partners as their primary source of support in the diagnosis and treatment of cancer [7]. Emotional support from their spouses is particular and for them, by far the most important [1]. Faced with this need, the response of male partners is paradoxical: it is weak, because they too are anxious. Indeed, Segrin, in a study on anxiety and psychological distress in women with breast cancer and their partners [8], demonstrated that the perception of the quality of relationships between women with breast cancer and their partners were negatively associated with partner anxiety. These findings underscore the advantage of having partners who are able to cope or get help for their own personal distress in coping with the stress and treatment of breast cancer. One reason for this anxiety lies in the fact that few of them are informed about how the woman experiences her treatment [7]. Hence the importance of integrating the management of the couple in anti-cancer therapies in order to allow people affected by cancer to have a better course in the disease. This need, which also exists with man with cancer, is perceived to a lesser extent. In a study conducted by Carlson and published in 2001 on partners understanding of the experience of breast and prostate cancer, 23 couples were interviewed. Eight couples were women with breast

cancer and their husbands, and 15 couples were men with prostate cancer and their wives. Overall, female partners have a more precise understanding of their husband's experience with prostate cancer than male partners [9,10]. The partners, in the face of cancer, have a mutual influence on each other but the influence of men on their partners with cancer has a greater impact than that of women on their partners with cancer. A study led by Romero published in 2008 in *Psycho-oncology* [11] show that the adaptation of married women to breast cancer is positively influenced by the emotional support of their husbands and by the active coping strategies of both spouses. These findings highlight the positive results of couples-based interventions, which focus on couples who are coping with cancer [12].

Conclusion

Speaking groups of patients and relatives have a considerable benefit in the holistic treatment of cancers. Informing, supporting relatives has a positive impact on accompanying patients, their loved ones and especially couples. Through this contribution of the APAAC association, sharing of experiences, seniority both in the experience of the disease and in the participation in the groups of speech, clarifications brought by the doctors and the psychologists are tools that allowed these 4 couples to live better the cancer experience.

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