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HEALTH BETRAYAL, TRUST IN INTIMATE PARTNER RELATIONSHIP  
AND GRIEF AMONG WOMEN WITH BREAST CANCER AND  
CERVICAL CANCER

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**Amna Khawar, Amna Rabail, Nudra Malik, Bisma Ejaz, Naima Hassan, Maryam Amjad, Amina Muazzam. Health Betrayal, Trust in Intimate Partner Relationship and Grief Among Women with Breast Cancer and Cervical Cancer -- PalArch's Journal of Archaeology of Egypt/Egyptology 18(17), 81-94. ISSN 1567-214x**

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## ABSTRACT

The aim of the study was to examine health betrayal, trust in intimate partner relationship and grief in married women (N=200) diagnosed with breast cancer (n=102) and married women diagnosed with cervical cancer (n=98) at the illness stage I and II, during child bearing years. In this cross-sectional study, the sample of married women was selected by using purposive sampling technique. All the participants were presented with Grief scale (Arshad & Muazzam, 2016), Trust scale (Sultan & Muazzam, 2017), and Betrayal scale (Sultan & Muazzam, 2017). Results illustrated a significant positive relationship between betrayal and grief among women with breast and cervical cancer ( $p < .01$ ), and a significant negative relationship between grief and trust in intimate partner relationship ( $p < .01$ ). Linear Regression analysis revealed that trust in intimate partner relationship is the significant negative predictor of grief ( $p < .001$ ) while betrayal is the significant positive predictor of grief among women with breast and cervical cancer ( $p < .05$ ). The results highlighted the significance of marital counseling of the couple, where the women are diagnosed with breast cancer or cervical cancer.

## INTRODUCTION

Cancer is a life-threatening disease with pervasive uncertainties. It involves the abnormal growth of cells which may spread to other parts of the body. There are several types of cancer. Most prevalent cancers among women in Pakistan

are breast cancer and cervical cancer. The cancer which develops in the tissues of breast is called breast cancer, and is more commonly found in women (Rashidi, Morda, & Karnilowicz, 2021). Females above the age of 50 years are at higher risk of developing breast cancer. Breast cancer alone accounts for about 30% of total newly diagnosed cases in women. Globally 2.1 million new cases of breast cancer were reported in women and 627,000 deaths were caused because of breast cancer. Pakistan has the highest number of breast cancer patients among Asian countries Pakistan is reported to have 34,066 new cases of breast cancer (Khan et al., 2021). Cervical cancer occurs in a woman's cervix and it is mostly diagnosed between the ages of 30 to 45 years. Globally 5,69,847 (3.2%) cases of cervical cancer were reported in 2018 (Freddie et al., 2018). Cervical cancer is the third leading cause of death in women (Pilleron et al., 2021). In Pakistan alone there are around 7000 deaths caused by cervical cancer (Hirani et al., 2021) making it one of the major killer diseases in women.

Breast cancer and cervical cancer are life threatening diseases and are considered as terminal illness. If not diagnosed at its early stage they may lead to more complications, in some cases the cancer spreads to the other parts of body and it becomes difficult to treat. The last stage of cancer is very difficult for patients with severe and unbearable pain. Its treatment is even more difficult than the disease itself. Chemotherapy and radiation have its own side effects. Sometimes cancer patients have to go through surgical removal of some part of the body where it is spreading fast. Breast cancer patients usually go through surgical removal of one or sometimes both breasts, called mastectomy (Brajkovic, Sladic, & Kopilaš, 2021).

Women with breast cancer, face many psychological and social problems. Breast is associated with femininity; removal of breast as a result of mastectomy is a very traumatic experience for women and may cause more psychological and social damage than disease itself (Sukartini & Sari 2021). Feeling of isolation (Cacioppo et al., 2003; Gallagher, Bennett, & Roper, 2021), body image concerns (Brajkovic et al., 2021; Iram & Muazzam, 2016), low self-esteem (Brajkovic et al., 2021), rejection by the intimate partner, loss of femininity and sexual attraction (Mofrad et al., 2021) are the most reported issues in women after going through surgical removal of breast, along with lack of information and awareness about the disease and type of care visits required (Mohamadou et al., 2021). According to a study 70% of women reported to have sexual problems that affected their intimate partner relationship (Panjari, Bell & Davis, 2011).

Cervical cancer causes more suffering on women than any other type of cancer or any other life threatening and serious illness. Women at advanced stages experience a lot of physiological problems including vaginal discharge, vaginal bleeding, pain, discomfort and sexual dysfunction (Liberacka-Dwojak & Izdebski., 2021) as well as psychological problems like anxiety, depression and mood related problems (Silva et al., 2021). Patients with cervical cancer are reported to have poor health related quality of life (Wenzel et al., 2005). The most alarming concern is that a study reported 40% sample of its cervical cancer patients as being rejected and abandoned by their intimate partners (Krakauer et al., 2021).

Although there is extensive literature on women with cancer being inflicted with physical and sexual violence and its impact on health outcomes are slightly being elucidated, but very limited researches are carried to explore the association of health betrayal and grief among women with breast and cervical cancer. Diagnosis of cancer is very stressful and upsetting situation for both patients (Iftikhar et al., 2021) and their families (Miryousefiata & Sangy, 2021) and it can lead to the chronic grief (Gabay, 2021) and depression (Kissane et al., 2007; Kumar et al., 2021). When a person is diagnosed with a terminal illness like cancer, grief may exert a corrosive impact on their family relationships (Trembl et al., 2021). Among immediate family members, intimate partners face a lot of difficulties as a result of diagnosis and course of illness of breast cancer (Seav et al., 2015) and cervical cancer (Liberacka-Dwojak & Izdebski 2021) in their spouses, and in many cases women can even experience betrayal and abandonment by their life partners as a result of sexual dysfunction, after being diagnosed with breast cancer (Raggio et al., 2014) or cervical cancer (Sebri et al., 2021).

Betrayal is described as the conscious violation of the mutually expected behavior, and a breach in honoring the norms that are linked with the trust and are pivotal to the nature of the relationship. It can significantly threaten the well-being of the betrayed person (Yıldız & Alagüney, 2020). Sexuality is one of the indicators of good quality of life in couples. It is the main factor for bonding between couples. Women sexuality can be affected as a result of body image dissatisfaction, distress and hormonal changes as a result of breast cancer and cervical cancer. Cancer patients are also reported to have unfulfilled sexual experiences (Maleki et al., 2021). The diagnosis of breast cancers can negatively impact women's sexuality, body image and intimate partner relationship, especially in women with mastectomy and it could become the leading cause of divorces and break ups (Leslie & Schover, 1991). Stress, lack of social support from intimate partner and sexual concerns are the most important factors that hinder the course of treatment in breast cancer patients (Kim, & Jang, 2020). Sexual concerns are the major issue between couples after being diagnosed with breast cancer and mostly after mastectomy that can lead to lack of partner support and divorce (Reese et al, 2020). According to a study conducted in Pakistan, patients report the diagnosis of cancer as painful but rated husband's betrayal and lack of support as extremely distressing (Ali et al., 2009). Sexual dysfunction and partner rejection are the main concerns for patients diagnosed with cervical cancer. This is the time where the patients' needs social support the most to recover faster but unfortunately as a result of sexual dysfunction during child bearing age women diagnosed with cervical cancer face rejection, betrayal and lack of support from their intimate partner (Abd El Salam et al., 2021). In such condition women need social support and partners love to fight with this deadly disease. There is need to develop trust in intimate partner relation, they should feel safe and secure and needed to be assured of the support from their partner as they themselves are going through a lot of psychological problems and insecurities as a result of low self-esteem, poor body image and disturbed sexual function. Trust can foster better relationship between couple and help patients to fight against disease (Morgan, 2009).

Trust is the term defined as the belief that someone is respectable, reliable, honest and effective. Trust, satisfaction, compromise, love, care, understanding, communication, sincerity and respect are considered as major factors for a happy married life. Trust is believed to be the backbone of marital satisfaction (Ajmal & Fatima, 2012). Trust is also found to be one of the main factors in maintaining intimate relationship between couples, for women diagnosed with breast cancer (Ghaffari et al., 2020). Lack of trust in intimate partner is found to be the predictor of stress and depression in women suffering from breast cancer (Stinesen Kollberg et al., 2019). Breast cancer patients survive better and respond better to treatments that have better support from intimate partner. Trust in intimate partner can foster post-traumatic growth in patients and improve chances of recovery (Shi et al., 2021). Women suffering from cervical cancer have miserable life; they are often abandoned by their partners and suffer more from lack of trust in intimate partner relation, which affects their course of treatment (Krakauer et al., 2021) and leads to depression, distress and grief (Greco, 2021).

Grief is a normal response to loss and covers a wide range of reactions which include sensations, thoughts, emotions and behaviors. Grief refers to an emotional and subtle reaction to suffering from any chronic disease. Patients diagnosed with cancer and their relatives may also experience other irregularities, for instance, the loss of a physical organ in case of mastectomy; loss of relationships in case of betrayal and abandonment; anticipatory loss of life (Gabay, 2021). Dealing with progressive disease like cancer leads to existential stress, loss and grief in couples (Tacón, 2011). Women undergoing breast cancer treatment encounter certain side effects like lack of interest in sexual activity, sexual dysfunction, low self-esteem, poor quality of life, and loss of one or both breasts leading to short term as well as long term grief. During such circumstances women need social support and especially their partner support is very important (Pillai-Friedman, & Ashline, 2014). The patients need extra care and attention by their partners. When they hesitate with each other, the care and assistance in daily life cannot be managed (Dumont et al., 2006).

The practical and emotional support by partner is effective to reduce the distress related to illness. After conducting interviews with cancer patients, it was reported that social support is very essential for patient's adjustment to stress related to the disease (Northouse et al., 1995). Stress induced by the life-threatening disease may cause many interpersonal problems and conflicts between relationships (Cohen et al., 1992). Women suffering from breast cancer and cervical cancer are not only fighting with their disease, its symptoms and side effects but they are also dealing with their stress, depression and anxiety. Social support from friends, family and intimate partner is important at this stage; if they experience intimate partner betrayal or lack of trust in their relationship, they may encounter grief.

The current study was aimed to highlight the relationship between health betrayal, trust in intimate partners and the subsequent grief in females diagnosed with breast and cervical cancer.

### *Aims And Objectives*

The study was aimed

1. To find out the relationship among health-related betrayal, trust in intimate partner relationship and grief in women with breast and cervical cancer.
2. To find out differences on health-related betrayal, trust in intimate partner relationship and grief among breast cancer patients and cervical cancer patients
3. To find predictors of grief in women with breast cancer and cervical cancer

### **METHOD**

The cross-sectional design was used to study the sample of 200 married women diagnosed with breast cancer (n=102) or with cervical cancer (n=98), at stage I and II of their illness, age ranging from 29-55 years. The sample was collected through purposive sampling technique. Sample comprised of women married for at least 3 years, with minimum one child and seeking treatment from any public or private hospital of Lahore, Pakistan.

### *Measures*

A detailed demographic sheet along with a consent form was attached with the formal protocol, to gather the data regarding age, education, duration of marriage, number of children, occupation, husband's occupation, family system, total family income, nature of disease, type and stage of disease, duration of diagnosis and treatment etc.

Indigenously developed Health Betrayal Scale by Sultan and Muazzam (2017), measures the health-related betrayal among spousal relationship. It has 38 items with four separate subscales; financial betrayal (11 items), emotional betrayal (11 items), health betrayal (6 items), and sexual betrayal (10 items). The scale has high reliability  $\alpha=.98$ , the scale measures the betrayal ranging from 0-4 on a Likert type 5-point scale, where 0 = strongly disagree to 4= strongly agree.

Trust Scale developed Sultan and Muazzam (2017) indigenously, was used to measure the trust in intimate partner relationship among women diagnosed with breast cancer or cervical cancer. It has 34 items with 3 separate subscales; Benevolence (12 items), Predictability (12 items) and dependability (12 items). The scale measures the trust in intimate partner relationship, responses are recorded on Likert type 5-point scale ranging from, 0 = strongly disagree to 4= strongly agree.

The Grief Scale indigenously developed by Arshad and Muazzam (2016) on Pakistani cancer patients, was used in the present study to measure grief among cancer patients. This scale consists of 30 items, with four separate components of grief; physical (10 items), emotional (9 items), cognitive (6 items) and social

(5 items). Participants had to carefully respond by choosing a degree of agreeableness on a 5-point likert rating scale i.e., 0 = strongly disagree to 4= strongly agree. With strong psychometric properties ( $\alpha=.93$ ), the Grief Scale proved to be a valid and reliable instrument for assessing experience of grief in Cancer patients in the Pakistani cultural context.

**Table 1.** Correlation between study variables (N=200)

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1.Social betrayal	-	.45**	.66**	.45**	.81**	-.50**	-.44**	-.44**	-.52**	.33**	.22**	.22**	.26**	.32*
2.Health betrayal		-	.54**	.70**	.80**	-.40**	-.19**	-.19**	-.30**	.19**	.12	.11	.16*	.18**
3.Deterioration of feelings			-	.49**	.82**	-.68**	-.39**	-.39**	-.54**	.35**	.30**	.28**	.33**	.39**
4.Sexual betrayal				-	.79**	-.30**	-.22**	-.22**	-.27**	.14*	.11	.14	.18*	.17*
5.Betrayal Total					-	-.59**	-.40**	-.40**	-.52**	.32**	.24**	.24**	.30**	.34**
6.Generosity of husband						-	.55**	.55**	.78**	-.42**	-.34**	-.30**	-.25**	-.41**
7.Awareness of husband's future							-	1.00**	.95**	-.35**	-.31**	-.25**	-.24**	-.36**
8.Dependency on husband								-	.95**	-.35**	-.31**	-.25**	-.24**	-.36**
9.Trust total									-	-.42**	-.36**	-.30**	-.27**	-.42**
10.Physical grief										-	.58**	.52**	.44**	.82**

11.Emotional grief											-	.65**	.65**	.88*
12.Cognitive grief												-	.60**	.81**
13.Social grief													-	.78**
14.Grief total														-
<i>Mean</i>	30.81	15.28	30.22	34.08	110.38	42.79	28.52	28.52	99.83	20.84	19.53	14.14	12.13	66.65
<i>SD</i>	7.54	5.54	6.37	5.85	20.45	8.44	8.57	8.57	22.86	4.42	3.62	2.76	2.67	11.12

**Note:** \* =  $p < .05$ , \*\* =  $p < .01$ , \*\*\* =  $p < .001$ , SD=standard deviation

Correlation analysis was used to assess the relationship between health betrayal, trust and grief in women with breast and cervical cancer. Results revealed that there was a positive relationship among health betrayal and grief ( $p < .001$ ), while there is a negative relationship among trust and grief ( $p < .001$ ) (Table 1).

### ***Procedure***

Data was collected from public and private sector hospitals of Lahore. Before data collection, Institutional permission was taken from the Medical Superintendent of each hospital. The questionnaires were administered in an individual setting with the participants. Prior to data collection, consent of participation was taken and confidentiality was ensured to the participants.

### **RESULTS**

Of the total 200 sample, 102 (51%) women were diagnosed with breast cancer and 98 (49%) with cervical cancer. Prevalence of stage II illness was 121(60.5%), 79(39.5%) patients were dealing with stage I illness, while 107 (53.5%) were diagnosed with the cancer since last 51-120 months. Participants were divided in two age groups, 125(62.5%) belonged to 29-39 years old group and

75(37.5%) were among 40-55 years old group ( $M=1.38$ ,  $SD=.49$ ). Most of the participants 130 (65%) were married for 15 years. Women  $n=105$ (52.5%) were living in joint family system. Occupation statistics showed that 140 (70%) women were housewives and 60(30%) were working women.

**Table 2.** Independent sample T-test on women with breast cancer ( $n=102$ ) and cervical cancer ( $n=98$ )

Variables	Breast cancer ( $n=102$ )		Cervical cancer ( $n=98$ )		Df	T	P
	M	SD	M	SD			
Betrayal scale	118.2	17.5	102.3	20.3	198	5.95	.000*
Trust scale	100.2	22.5	99.5	23.3	198	.217	.835**
Grief scale	66.5	10.7	66.8	11.6	198	-.24	.812**

M=mean, SD= standard deviation, df=degree of freedom, \* $p<.001$ , \*\* $p>.05$

Differences in the level of trust, betrayal and grief in women diagnosed with breast and cervical cancer were studied. In the level of betrayal significant differences were observed ( $p<.001$ ), while non-significant differences were found in case of trust and grief ( $p>.05$ ) (Table 2).

**Table 3.** Regression Analysis of health betrayal and trust in intimate partner relationship as the predictor of grief among women with cancer ( $N=200$ )

Predictor	$R^2$	$\Delta R^2$	B	T	P
Trust	0.18	0.174	-.42	-4.53	.000
Betrayal	0.11	0.11	.34	2.17	.031

$R^2$ =regression square,  $\Delta R^2$ =adjusted regression square,  $\beta$ =beta

Linear regression analysis was employed to identify the predictive relationship among health betrayal and trust with grief in women with breast and cervical cancer. Results indicate that there was a significant negative relationship between trust and grief ( $p<.001$ ), while betrayal was found as positive predictor of grief ( $p<.05$ ) (Table 3).

## DISCUSSION

There are several similarities in the findings of current study and previous researches. Results of present study prove the relationship between health betrayal, trust in intimate partner relationship and grief among women with breast and cervical cancer. Numerous studies have found that being diagnosed with any type of cancer increases grief in patients and their partners (Morgan, 2009). Cancer is a disease that halts the person's ability to get actively involved

in their routine work, and make more vulnerable to psychological distress and low self-esteem. Patients suffering from breast cancer and cervical cancer are at greater risk of relationship changes after being diagnosed with cancer. Betrayal and lack of trust induce stress and grief in women with cancer (Drabe et al., 2012).

Relationship of health betrayal among women with breast and cervical cancer and grief was studied, it was reported that health betrayal has a positive relationship with grief. The results indicate that women participants who experienced betrayal had experienced more grief. A study was intended to explore the role of disturbed marital relationships in women breast cancer survivors and experience of loss and grief. It was reported that women who even survive breast cancer face many sexual side effects that result due to different treatment processes they undergo over the course of disease. In most of the cases people around the patient do not acknowledge the sexual loss. This altered state of their relationship and also not being understood by people, may result in the deep sense of loss and grief (Pillai-Friedman & Ashline, 2014).

Results revealed that there is a strong negative relationship between trust in intimate partner relationship and grief among women with breast and cervical cancer. These results indicate that lack of trust is related to grief in women participants suffering from breast cancer and cervical cancer. A study suggests that being in a healthy marital relationship is linked with lower mortality from a variety of diseases including cancer. Trust in a relationship not only contributes to loyalty, but also provides emotional and practical support in difficult situations. When a woman is diagnosed with cancer, her life and relationship get disturbed, and mostly trust is comprised, and these situations lead to chronic grief, anxiety and depression (Ghaffari et al., 2020; Shi et al., 2021). The diagnosis of cancer regardless of its type, inculcate the feelings of stress and loss of control both in patients and their partners. The reaction to disease and coping strategies of both patients and their partners are very important in cancer care (Curtona, Russell & Gardner, 2005).

Another finding of this study was that there is a difference in betrayal among women diagnosed with breast cancer and cervical cancer. But in case of trust and grief, no significant differences were observed. It was found that participants suffering breast cancer more betrayal in their intimate partner relationships than participants suffering from cervical cancer. The reason for women facing more betrayal than cervical cancer may be because breast cancer is related to fears of stigmatization, low self-esteem, loss of femininity and social rejection in women. Especially women with mastectomy experience more rejection and betrayal (Reese et al, 2020). Most widely expressed idea by women with breast cancer was the fear of abandonment from their partner. Women felt that cancer treatment would render them unattractive, incomplete and sexually compromised (Vrinten et al., 2017). Moreover, it is supported through researches that women suffering from breast cancer can experience more negative impact of disease on their relationships and result in creating multiple conflicts and disturbances (Holmberg et al., 2001).

Trust in intimate partner relationship was found as a significant predictor of grief among women with breast cancer and cervical cancer. Mostly in conservative societies the taboos about women's body and the myths related to cancer render women at a significant risk of betrayal and abandonment by their husbands. And in such kind of situations, priority of attending the health care measures is mostly outweighed by the responsibilities of family (Ginsburg, 2013). In a study the cervical cancer experience and husband's support as an important factor in willingness to get the proper screening and treatment for cancer was studied. It was evident from the results that husband's support and trust play an important role to determine the positive attitude in females towards their illness. Support from the partner help women to feel motivated towards treatment and significantly reduce the distress and grief related to having a life-threatening disease (Rahmawati & Dewanti, 2018).

### **LIMITATIONS AND SUGGESTION**

There are some limitations in this study. Data was gathered from only hospitals of Lahore, due to the availability of limited statistical population. Further studies on a broader level are needed to elucidate the interaction of the nature of intimate partner relationship and its health outcomes in women with cancer. In addition, the role of other social factors that can affect breast and cervical cancer have been overlooked. Marital and couple counseling should be provided to women suffering from breast cancer and cervical cancer. Couples should be given awareness about the disease outcomes, symptoms, side effects and treatment plan. They should be educated about the effects of social support especially partner support in combating cancer. Proper counseling services should be provided to women suffering from breast cancer and cervical cancer to reduce stress, depression and grief. Intervention based studies are recommended to provide women suffering from breast cancer and cervical cancer to provide support.

### **CONCLUSION**

The results of study clearly articulated that trust, betrayal and grief are significantly correlated among women with cervical and breast cancer. Health betrayal and grief were positively associated while trust and grief were found to be negatively related with each other, significant difference in trust, betrayal and grief was also observed in women with breast cancer and cervical cancer. Moreover, the trust and betrayal were found as predictor of grief. While further researches on role of intimate partner relationship in dealing with breast and cervical cancer are needed, this exploration of the significant role of trust and betrayal in manifestation of grief among women with cancer provides insight about the severity of the issue.

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