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Research Paper

Marital boredom and sexual dysfunction in women with breast cancer

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Marital boredom, sexual dysfunction, breast cancer.

ABSTRACT

Objective: Purpose of this research was investigation of how effects of marriage and poor sexual performance.

Methods: Based on the theoretical sampling method, 20 women who were diagnosed breast cancer in Tehran city were chosen and individually had structured interviews. The data analysis was done by using the phenomenological method and encoded texts from the interviews. The results of the study identified 2 centers categories and 7 main categories such as many sexual problems like vaginal dryness, pain during intercourse, sexual reluctance and etc. are caused by lack of knowledge, shyness, the male domiaatdd scciety add lakk of proprr trii nin. s. Thyy dnn't fll low their traatmett prccess add this aan be the reason of so many problems in their relationships.
Thyy dnn'. eeen talk abuu7their sxxaal rr oll ems for fear of eeigg aaaddoeed by their hss bnnds add thsse women face with frustration due to the changes that had happened in their bodies. All these women have experienced at least one of the disgust factors as physical and emotional exhaustion, suffering physical exhaustion due to losing their breast, suffering emotional exhaustion after losing the support of their family and husbands, thoughts of death and end of life and fear of not returning the days before their diseases make them suffer mentally.

Conclusion: Women in the studies believed that the most main threat to their life is losing their most important sex organ which is their breast.

1. Introduction

Breast cancer is one of the most common cancers in women, that according to estimates by Iranian health experts, this disease is one of the important health problems in Iranian women that has a moderate prevalence and is increasing. (Deledda, Giansante, Poli, Geccherle, Fantoni, et al., 2018)
Although women with breast cancer are more likely to live longer due to advances in screening, early diagnosis and technology. But they also experience a variety of psychosocial constraints from their cancer experience (Guo, Decoster, Babalola, De Schutter, Garba, et al., 2018). The psychological process that begins with tomorrow's awareness of cancer naturally goes through several basic stages, including shock, disbelief and denial, fear and anxiety, guilt, sadness and depression, anger, acceptance of reality, and adaptation to it. They can never achieve proper adaptation. (Kim, Kim, Newman, Ferris, Perrewé, 2019).

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Stress sources associated with breast cancer that can impair adaptation, from treatment measures such as fatigue, hair loss, nausea, vomiting, postural changes, decreased sexual desire, to emotional stressors such as anxiety, depression and sadness and behavioral manifestations following these emotions and social disclosure of illness to friends and family, exposure to the reactions of others, changes in social activities, can decrease the patient's health (Shoaa Kazemi, 2018). Loss of the breast as a result of mastectomy surgery has negative consequences in women (Kugbey, Meyer-Weitz, Asante., 2019). Various studies emphasize that breast loss is one of the most important factors in women's adaptation. Surgical removal of the breast is considered the destruction of part of the body, which is a symbol of gender, femininity and the dimensions of being mother (Park, Gelber, Rosenberg, Seah, Schapira, et al., 2018)

The importance of breasts as a symbol of sexuality has been widely and documented in contemporary American culture. It has been repeatedly argued that under such cultural and social conditions, breast loss or breast deformity can lead to negative changes in the perception of one's concept. The breast is an organ that in many different cultures, women consider it as a symbol of femininity, sexuality and sexual attraction. Previous studies in various countries have shown that women feel that their sexual function has been affected by a mastectomy. (Shoaa Kazemi & Momeni Javid., 2011)

Sexual dysfunction affects the various aspects of individual life especially interpersonal relationships and marital life. This disorder is defined as a disorder in sexual desire and psychological and physiological changes that characterize the sexual response cycle and leads to obvious anxiety and interpersonal problems (González-Fernández, et al., 2017). This disorder includes sexual desire disorder, sexual arousal, orgasm, and sexual pain disorder (Westhoff, Pike., 2018). Sexual function may be negatively affected by any type of stress, emotional disturbance, or awareness of the function and physiology of sexual behavior. Sexual dysfunction can last a lifetime or occur after a period of normal functioning. (Rim, Yabroff, Dasari, Han, Litzelman, et al., 2019) This disorder can be pervasive or situational or general. This disorder causes problems for satisfaction or sexual intercourse, and rarely sexual misconduct endanger physical health, but it can cause a lot of psychological damage, such as depression, anxiety, and feelings of weaknesses and inadequacies in the person and lead to boredom. (Shoaa Kazemi, 2018)

Boredom occurs when couples find despite all efforts, their relationship does not and will not give meaning to life, because of a set of unrealistic expectations (Rao, Yang, Cao, You, Zhang et al., 2019). Contrary to approaches used by Yen in couple therapy, the boredom of couples is not due to the existence of problems in one or both of them or the disruption of their relationship. According to Lingern (Rim, et al., 2019), boredom is a physical, emotional, and mental exhaustion that results from a mismatch between expectations and reality. Accumulation of daily frustrations and tensions leads to psychological erosion and eventually boredom (Shoaa Kazemi & Saadati., 2010). Anxiety is the result of an erosion process in which committed and motivated people lose their temper (Tsaur, Hsu, Lin., 2019). Boredom is a long-term conflict in situations that have high emotional demands. In fact, it begins with a set of dreams and expectations; when these dreams do not come true and inestead they face punishment and stressful experiences. Undoubtedly, the sexual satisfaction of spouses is the main factor in preventing the unbridledness of their sexual desires and behaviors and seeking sexual satisfaction in extramarital relationships. Educating human sexual feelings and responses not only plays an essential role in the prevention, screening, treatment and support of patients with sexual dysfunction, but also is a key step in controlling and even reducing infidelity to one's spouse and partner. (Zhang, Wang, Wang., 2016)

On the other hand, Sex and sexuality are important personal and social issues that not only lead to reproduction at the biological level, but can also lead to intimate communication between spouses. They also have a direct relationship with self-confidence and play an important role in marital and social issues. Therefore, Denckla, Consedine, Chung, Stein, Roche, et al. (2018) in a study entitled "Mental health in people with sexual dysfunction" concluded that people with sexual disorders have lower mental health compared to others. Also, Zhang (2018) found that health knowledge in women with breast cancer is one of the key points in stress management, and increasing age and awareness of the disease also have an important effect on women's ability to cope with stress.

In another research, Kang & Busser (2018) showed that psychological factors have been identified as factors affecting the onset, occurrence and course of the disease, especially in patients who suffer from a more severe disease. The complications of the disease due to its debilitating nature are covered all aspects of person's life and disrupt the natural routine of life.

Dheer & Lenartowics (2019) also found that patients with breast cancer are dissatisfied with their decision-making responsibilities, and this responsibility is either over-reported or under-reported. In addition, this disease is related to more serious mental health such as depression.

The cognitive theorists believe that people with low libido and sexual aversion have specific attitudes, fears, or memories that affect their functioning disorder and it plays a role in sexual aversion. Also, the feeling of powerlessness or superiority over the sexual partner may cause the loss of sexual interest in people who have such feelings. Even in a positive relationship, if one of partner is inexperienced or reluctant, the other may lose sexual desire, On the other hand, research showed that women with breast cancer, in addition to the disease, also face changes in femininity and sexual desire. Therefore, in the present study, we were looking for how marital boredom has caused sexual dysfunction in breast cancer patients?

2. Materials and Methods

The present study was a qualitative phenomenological one that showed how people experience a phenomenon. Conducting in-depth interviews is a common way to access researchers to people's lives. Phenomenological researchers often look for commonalities between individuals and do not simply emphasize the unique characteristics of each. (Fallbjork, Rasmussen, Karlsson, Salarder, 2013)

The sample of the present study included married women with breast cancer and undergoing treatment (chemotherapy) in one of the offices in Tehran, as well as women who referred to charities to be supported financially. The sample consisted of those who had been ill for one to ten years. At the time of surgery, they ranged in age from 30 to 55, and the surgery was performed on all or part of one or both breasts. In selecting of sample, attention was paid to the homogeneity of the sample in terms of the course of treatment and the time of infection so that the researcher didn't faces obstacles in interpreting the results. Because it was better to select the interviewees as heterogeneous as possible to avoid uniformity of answers and achieve a variety of concepts. Therefore, 20 women with breast cancer were selected by theoretical sampling method and were interviewed individually. Interviewing was the main method of gathering in qualitative research that provided an opportunity for the participant to describe his / her view of the world as he / she had experienced, using his / her own language and vocabulary. The purpose of this type of interview was to extract the participants' answers from the depth of the subject. Therefore, the interview is not limited and the participants discuss their experiences on the subject (Abedi 2006).

According to study's goals and requirements, depth and semi-structured interviews were the most appropriate tools. To analyze the interviews, first all recorded interviews were written in text, after studying the interviews line by line, the desired concepts are extracted from the answer to each question.

3. Results

Table 1. Statistical characteristics of sampling population

participate	Age	Level of Education	Length of marriage	Chemotherapy	Radiotherapy
1	40	post-diploma	16	✓	
2	53	Diploma	37	✓	✓
3	56	High school degree	35	✓	✓
4	37	aa cheoɑddd **d**geeæ	9		
5	61	High school degree	43	✓	
6	47	aa cheoɑddd **d**geeæ	15	✓	✓
7	30	aa cheoɑddd **d**geeæ	7		
8	56	post-diploma	36	✓	
9	35	Diploma	16	✓	✓
10	42	post-diploma	21	✓	
11	46	aa cheoɑddd **d**geeæ	23	✓	
12	34	aa cheoɑddd **d**geeæ	6	✓	
13	64	High school degree	47		
14	52	Diploma	35	✓	✓
15	34	post-diploma	9	✓	
16	38	aa cheoɑddd **d**geeæ	9	✓	
17	53	Diploma	32	✓	
18	41	Master and above degrees	10	✓	
19	46	aa cheoɑddd **d**geeæ	16	✓	
20	39	aa cheoɑddd **d**geeæ	17	✓	✓

According to Table 1, the average age of the participants was between 30 and 64 years. Most of the participants had a bachelor's degree and the average age of their marriage is between 6 and 47 years. Most of the participants had chemotherapy experiences and most of them had not experienced radiation therapy.

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Table 2. Center categoori, Main categoori & concepts

Center categoori	Main categoori	concepts
	Describe the feelings of women when they know about their illness	worry, sadness, fear, stress, emergence of emotions with crying, thoughts of death and end of life, fear of not returning to the days before your illness
Marital boredom (burn out)	Sex	physical and emotional exhaustion, the lack of an efficient marital relationship followed by the wife's discomfort, Worried about their family's lack of support
	Changes in marital behavior	hatred of their husbands and sex, the discomfort of a limb defect and the fear of relapse
	Loss of a sexual organ (physical boredom)	Suffering physical exhaustion due to losing their breast, suffering emotional exhaustion
	Fear of having sex again	pain during intercourse, lack of knowledge, lack of proper trainings
sexual dysfunction	Sexual problems of young women after breast cancer surgery	vaginal dryness, pre-treatment sexual problems, loss of sexual attractiveness due to surgery and chemotherapy
	Decreased quality and quantity of sex	sexual reluctance, shyness, the male dominated society

According to Table 2, there were two center category of marital boredom and sexual dysfunction. The main category included 7 categories and extracted concepts included worry, sadness, stress, emergence of emotions with crying, thoughts of death and end of life, fear of not returning to the days before your illness, pain during intercourse, lack of knowledge, lack of proper trainings, sexual reluctance, shyness, the male dominated society, vaginal dryness, etc.

Center category First: Marital boredom

Main category

1) Describe the feelings of women when they know about their illness

When people are diagnosed cancer, they experience it as a crisis, which affects all aspects of their life. According to the answers of participants, being informed about cancer causes emotions such as worry, sadness, fear, stress, emergence of emotions with crying, thoughts of death and end of life and fear of not returning to the days before illness.

Ms. 9 said: A woman with breast cancer cannot to be like before of illness because of using certain drugs, interruption of menstruation and hormonal disorders after chemotherapy. She did not feel and enjoy like a healthy woman. I was always afraid that I might get bored with my husband for a while because I kept crying during intercourse.

2) Sex

Women had different experiences in response to whether your marriage has changed since breast cancer. Their complaint was more about physical and emotional exhaustion that had affected marital relations. It was also reported that there was no effective marital relationship, followed by the wife's discomfort and concern about the lack of support from the family.

Ms. 3 said: "During my marriage, my vagina would not get wet at all even if my wife spent a lot of time and we were flirting with each other, but because I did not have any discharge at all, I got angry and did not enjoy the relationship." I was in pain so that my husband would not be upset and think about it and I would say no, I'm fine.

3) Changes in marital behavior

Some patients report hatred of their husbands and sex, and that the discomfort of a limb defect and the fear of relapse had negatively affected all aspects of her life.

Ms. 6 said: "I was very upset that I could not meet my husband's sexual needs because he was hot-tempered, but I could not enjoy sex because of hormonal changes. I was afraid that he would be pressured, and I could not meet his wishes. This made me hate my marriage and a little bit my husband.

4) Loss of a sexual organ (physical boredom)

Studies showed that the losing their breast causes a decrease in self-confidence and disgust with one's body, also among the participants were reported physical suffering, exhaustion due to losing their breasts, suffering from emotional exhaustion.

Mrs. "15" said: "I feel sad when I look at myself and it makes me resentful. Since I had a surgery recently." I don't feel good about myself like before and the thought that my husband might think the same makes me tired and annoyed.

Center category second: Sexual dysfunction

Main category

1) Fear of having sex again

Some patients mentioned the fear of resuming sexual intercourse and attributed it to pain during intercourse, lack of knowledge, and lack of proper training.

"It took two years from the day I came back to home from to have sex, because my husband made me think that emotional behaviors and sex would disrupt secretions and hormones.

He believed to let the stitches heal sooner, and this fear gradually continued. A year later, I told my husband that he was being harassed, and he said that sex was not just sex. I enjoy sleeping with you. Even now, he is impotent and I sent him to the doctor by force because I realized that he had become very cold-tempered during sexual intercourse", said Ms. 13.

2) Sexual problems of young women after breast cancer surgery

Studies show that most of the sexual problems of young women are arisen from changes in ovarian function due to chemotherapy and a feeling of decreased sexual attractiveness after surgery. Chemotherapy following breast surgery can lead to vaginal dryness and painful intercourse in the short term, and in the long term it can lead to persistent problems with impaired ovarian function and premature menopause. Multivariate analysis has shown that vaginal dryness, pre-treatment sexual problems, loss of sexual attractiveness due to surgery and chemotherapy have a major impact on women's sexual function (Avis, Crawford Manuel., 2014)

Ms. 20 said: "I always hated sex. Whenever my husband asked me to have sex, I did not like it and I avoided it because I did not enjoy the principle of sex. Also after the surgery, I had pain originated from dryness vagina." dry pain. I deliberately took my work until my husband slept and I am no longer bored with him, but my husband still likes to have sex with me and says it does not matter to me.

3) Decreased quality and quantity of sex

Decreased quantity and quality of sex is one of the cases that patients have mentioned as one of the changes after treatment. Some patients have reported changes in the quantity and some in the quality of the relationship, and many have experienced this change permanently which they consider to be caused by a decrease in sexual desire, shyness, and a male-dominated society.

Ms. 4 said: "It seems that after the surgery, a person's body is tied like a porcelain. He advised me to go to the doctor and use a lubricant for my vaginal dryness, but I was embarrassed and afraid to use new materials, the only thing I thought was my scars and stitches".

4. Discussion and Conclusion

Recognizing the sexual problems of women with breast cancer

Behavior and sexual intercourse, such as eating and drinking, is necessary part of the needs of all human beings in healthy life. In some Eastern societies, many women consider sex to be a one-way relationship in favor of men and they feel that in this relationship, they are sexually exploited.

If women learn that 50% of the marital relationship is their right, they will enjoy this relationship more and will be mentally drained. Also they will have a warmer relationship with their husband and will have more satisfaction with their marital life. Dissatisfaction with Sex life is very common in women and sexual disorders in a woman are often a consequence of her current psychological and social context. Sexual dysfunction has a variety of effects on the life of people and affects interpersonal relationships and marital life that it finally leads to interpersonal problems (Soroush 2013).

In terms of prevalence, sexual dysfunction is seen in about 60% of patients with breast cancer, but when asked about it, 90% of people report at least a small form of existence. These disorders are influenced by factors such as self-illness and its treatments, underlying factors such as age and personality type, self-image, relationship with co-quality of life (Ebrahimi 2010).

Sexual problems in breast cancer based on the time period of the disease

1) Problems after diagnosis and before treatment

These problems are caused by anxiety and fear of death, which leads to decreasing the sexual desires in the patient and sometimes even during cohabitation.

For example, Ms. 5 said: "From the moment my wife and I found out about the disease, we were both shocked and the thought of resuming the relationship was annoying, because the thought of death make other things worthless, let alone sex."

Problems with treatment: The tendency to improve the relationship decreases after surgery due to pain, scars of surgery and destruction of the mental image of the body. However, most studies have shown that conservative surgery is not significantly superior to mastectomy.

Many patients were reluctant to look at or touch their own body and the site of surgery, even though it had been a long time since surgery. In fact, this therapeutic issue changed their mental state. This is the case even in people who have part of their breast removed. It was no different from people who had lost their entire breast.

For example, Ms. 2 said: I was afraid to touch my body, I just went under the shower. I used to say to myself that I hate what my poor husband is doing.

During chemotherapy and hormonal therapies, sexual intercourse is disrupted because of drug-induced side effects, including nausea, hair loss, premature menopause, and its side effects such as dryness and atrophy and decreased libido.

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2) Problems after diagnosis and after treatment

At this stage, the level of satisfaction and sexual activity decreases because in addition to some side effects of treatment such as vaginal dryness, the feeling of reduced attractiveness, fear of recurrence and depression can also become more difficult. In these cases, the patient's previous emotional relationships are an important factor in improving the relationship. However, it should be noted that sometimes not only the patient but also the spouse need guidance and help (Ebrahimi 2010). Some internal studies showed the passing of time had not an effect on the relationship, which may be arisen from the lack of supportive and social services in Iran. These services help to be solved patients' emotional problems. Time is running out, but since most patients do not take the initiative to talk to their doctor about this, it is best to have trained people in the treatment team to advise and address this issue to patients.

According to the research findings, it should be noted that many sexual problems of women with breast cancer are related to unawareness of them and their husbands.

The more difficult stages of disease such as removal of breast tissue and chemotherapy and hormone therapy lead in more sexual problems in women. Also, couples' lack of preparation, lack of necessary training and the view of the relationship between the disease and them can be the reason for the occurrence of sexual problems.

Another consequence of this study was this fact which women with breast cancer feel so guilty about the disease and the loss of a limb that they no longer think about other problems that result from the disease.

This question arisen whether women's lack of awareness of sexual problems was due to the disease caused by not stating their sexual problems or the fear of expressing them and adding problems prevents them from doing so?

This question was answered in this study in a way that several factors cause this lack of attention and expression of problems, including women's perception of sexual disorders or behaviors was based on the male-centered structure, which by its actions through unwritten rules and written rules (Such as legal norms and policies of the education and health parts). It provides a definition of femininity based on its context and forces women to be in this predetermined context. The man-center can be expressed as follows. He said: "Silence was associated with women from childhood. The pain of silence is central in the man-center of society, not patriarchy, because we also saw many women who embraced this traditional culture and worked to strengthen it. The man-center means the centrality of the man, who tends to value the dominant culture. Patriarchy is formed based on masculine criteria. It's a system of male domination that leads women to do that manner (Aghabari, Ahmadi, Mohammadi, Hajizadeh, Verani Farahani., 2016).

In many cases, the fear of expressing sexual problems make them not to express themselves. Because many women have stated that by expressing their sexual problems, their husbands have become reluctant towards them or their husbands have expressed fear. Or they do not have sex with a recurrence of the disease. Or in some cases, women even falsely claim to have improved the situation. For example, Ms. M said: I once simply told my husband that I was in pain and I did not get wet at all. When my husband was in a relationship, he thought about it and was afraid that everyone would say that it would not hurt you? Until I lied one day, I am no longer in pain. Have a safe relationship, but I was really suffering and I was afraid of losing my husband. Fertility is always one of the most important functions of the family. When men and women realize they may never have children, they may experience a crisis of infertility, which can negatively affect all aspects of their lives, especially sex. Due to these issues, disorders in the sexual function of couples occur and their sexual life is disrupted. Fear of permanent infertility, especially for women who are of childbearing age or have not reached the desired number of children, causes marital problems and as a result disrupts the relationship. Sexual issues are inseparable aspects of human existence that are closely related to the feeling of health, acceptance of the person by self and mental image and body. This mental image is actually a perception of the human self and physical appearance, health and sexual abilities. The criteria of this mental image is a comparison that the individual makes with himself and others according to the cultural ideals of the society. It is appropriate to increase the general culture of the society to understand the conditions of patients and create a safe environment for them. In addition to medical treatments, it is necessary to use a couple and sex therapists because most patients, in addition to losing an organ, suffer from a kind of mourning that generally disrupt their sex life that it can lead in marital problems such as infidelity and choice of a second spouse. Women with breast cancer can go through the treatment process faster through supportive resources, especially the spouse and children. Also, after a certain period of time, they can compensate for the lost limb by using prosthetic vacuum and surgery.

Study Limitations

The limitations related to the statistical population, type of the research, generalization of findings, interpretation of results, as well as problems related to the Corona virus period should not be overlooked in this study. Also, this study had no clinical implications.

5. Ethical Considerations

Compliance with ethical guidelines

All ethical principles were considered in this article. The participants were informed about the purpose of the research and its implementation stages. They were also assured about the confidentiality of their information and were free to leave the study whenever they wished, and if they desired, the research results would be available to them.

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Authors' contributions

All authors have participated in the design, implementation and writing of all sections of the present study.

Conflicts of interest

The authors declared no conflict of interest.

References:

Abedi M. (2006) Comparison of Personality Characteristics of Normal and Cold Women in Tehran, Alzahra University. [Persian]

Aghabari M, Ahmadi F, Mohammadi I, Hajizadeh I, Verani Farahani A. (2016) Physical, Mental, and Social Dimensions of Quality of Life in Women with Breast Cancer Under Chemotherapy, Nursing Research;1(3). [Persian] http://ijnr.ir/article-1-49-en.html

Avis N, Crawford S, Manuel J. (2014) Psychosocial problems among younger women with breast cancer. Psycho-Oncology; 13, 295-308. Doi:10.1002/pon.744

Deledda, G., Giansante, M., Poli, S., Geccherle, E., Fantoni, G., Scandola,.M, Magarotto, R., Gori, S. (2018) the role of psychological flexibility in cancer pain. Journal of Psychosomatic Research, 109, 98-104. https://www.dsu.univr.it/?ent=pubbdip&id=996754&lang=it

Denckla. C.A., Consedine, N.S., Chung, W.J., Stein, M., Roche, M., Blais, M. (2018). A double-edged sword? Sub- types of psychological flexibility are associated with distinct psychiatric disorders. ...Journal of Research in Personality, 77, 119-125. Doi:10.1016/j.jrp.2018.10.004

Dheer, R.J.S., Lenartowicz, T. (2019). Cognitive flexibility: Impact on entrepreneurial intentions. Journal of Vocational Behavior, 115, 103-109. Doi:10.1016/j.jvb.2019.103339

Ebrahimi M. (2010) Sexual Problems in Breast Cancer Patients, Iranian Journal of Breast Disease.;3(3&4):67-68. [Persian]

Fallbjork U, Rasmussen BH, Karlsson S, Salander P. (2013) Aspects of body image after mastectomy due to breast cancer – a two- year follow- up study. European Journal of Oncology Nursing.;17,340-345. Doi:10.1016/j.ejon.2012.09.002

González-Fernández, S., Fernández- Rodríguez, C., Mota-Alonso, M.J., García-Teijido, P., Pedrosa, I., Pérez- Álvarez, M. (2017). Emotional state and psychological flexibility in breast cancer survivors. European Journal of Oncology Nursing, 30, 75-83. Doi:10.1016/j.ejon.2017.08.006

Guo, L., Decoster, S., Babalola, M.T., De Schutter, L., Garba, O.A., Riisla, K. (2018). Authoritarian leadership and employee creativity: The moderating role of psychological capital and the mediating role of fear and defensive silence. Journal of Business Research, 92, 219-230. Doi:10.1016/j.jbusres.2018.07.034

Kang, H.J., Busser, J.A. (2018). Impact of service climate and psychological capital on employee engagement: The role of organizational hierarchy. International Journal of Hospitality Management, 75, 1-9. Doi:10.1016/j.ijhm.2018.03.003

Kim, M., Kim, A.C.H., Newman, J.I., Ferris, G.R., Perrewé, P.L. (2019). The antecedents and consequences of positive organizational behavior: The role of psychological capital for promoting employee well-being in sport organizations. Sport Management Review, 22(2), 108- 125. Doi: 10.1016/j.smr.2018.04.003

Kugbey, N., Meyer-Weitz, A., Asante, K.O. (2019). Access to health information, health literacy and health-related quality of life among women living with breast cancer: Depression and anxiety as mediators. Patient Education and Counseling, 102(7), 1357-1363. Doi:10.1016/j.pec.2019.02.014

Park, E.M., Gelber, S., Rosenberg, S.M., Seah, D.S.E., Schapira, L., Come, S.E., Partridge, A.H. (2018). Anxiety and Depression in Young Women with Metastatic Breast Cancer: A Cross-Sectional Study. Psychosomatics, 59(3), 251-258. Doi:10.1016/j.psym.2018.01.007

Rao, W., Yang, M., Cao, B., You, Y., Zhang, Y., Liu, Y., Kou, c., Yu, Y., Cassidy, R.M., Yu, Q., Zhang, X.Y. (2019). Psychological distress in cancer patients in a large Chinese cross-sectional study. Journal of Affective Disorders, 245, 950-956. Doi:10.1016/j.jad.2018.11.089

Rim, S.H., Yabroff, K.R., Dasari, S., Han, X., Litzelman, K., Ekwueme, D.U. (2019). Preventive care service use among cancer survivors with serious psychological distress: An analysis of the medical expenditure panel survey data. Preventive Medicine, 123, 152-159. Doi:10.1016%2Fj.ypmed.2019.03.024

Shoaa kazemi M. (2018) Marital disgust, marital violence, and valuable feelings. Al-Zahra University Journal of Women and Families. [Persian] https://www.sid.ir/paper/359336/fa

Shoaa Kazemi M, Momeni Javid M. (2011) Prevalence of Sexual Abuse and Mental Health Status in Infertile Women with Breast Cancer in Tehran, Iranian Journal of Breast Disease;4 (1&2). [Persian] https://www.sid.ir/paper/465137/fa

Shoaa Kazemi M, Saadati, M. (2010) The Effect of Teaching the Dimensions of Logic Therapy (Responsibility, Freedom, Values, ...) on the Disappointment of Women with Breast Cancer, Iranian Journal of Breast Disease;3(1& 2). [Persian] Doi:20.1001.1.17359406.1389.3.1.5.5

Soroush M. (2013) Body Image, Psychological Characteristics and Hope in Women with Cancer. Master of Family Counseling, University of Tehran. [Persian] Doi:20.1001.1.17359406.1393.7.4.6.0

Tsaur, S., Hsu, F., Lin, H. (2019). Workplace fun and work engagement in tourism and hospitality: The role of psychological capital. International Journal of Hospitality Management, 81, 131-140. Doi:10.1016/j.ijhm.2019.03.016

Westhoff, C.L., Pike, M.C. (2018). Hormonal contraception and breast cancer. American Journal of Obstetrics and Gynecology, 219(2), 169-174. Doi:10.1016/j.ajog.2018.03.032

Zhang, J., Xu, R., Wang, B., Wang, J. (2016). Effects of mindfulness-based therapy for patients with breast cancer: A systematic review and meta-analysis. Complementary Therapies in Medicine, 26, 1-10. Doi:10.1016/j.ctim.2016.02.012