

Original Article

SELF-ACCEPTANCE AND LIFE SATISFACTION AMONG BREAST CANCER PATIENTS OF ISLAMABAD

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ABSTRACT:

INTRODUCTION: It is acknowledged all over the world that breast cancer can affect a woman's feelings of self-acceptance and life satisfaction, there are few studies concerning the level of self-acceptance and life satisfaction separately among women with breast cancer in Pakistan population.

OBJECTIVES: To study the role of self-acceptance on life satisfaction among women with breast cancer, and to analyze the influence of socio-personal characteristics of women with their life satisfaction.

DATA SOURCE & SETTINGS: A sample of 50 women ($n=50$) was selected from different hospitals of Islamabad.

PERIOD: The duration of the study was 6 months.

METHODS: The present study made use of the two scales i-e., Satisfaction with Life Scale and Self-Acceptance Questionnaires. The random sampling technique was used to collect data of clinical group from different hospitals of the Islamabad.

RESULTS: Psychometric properties; alpha correlation, student t-test was used to analyze the data p value less than 0.05 was considered statistically significant. The results showed that there was a significant relationship between Self-acceptance and life satisfaction. The study also found that the low sense of identity as a whole, leads women to be dissatisfied with their lives. There was also a significant difference in demographic variables on life satisfaction and self-acceptance.

CONCLUSIONS: The level of self-acceptance among women with breast cancer in Islamabad was low. Several factors were found to be significantly associated with the self-acceptance and life satisfaction of women with breast cancer.

KEY TERMS: Breast cancer, self-acceptance, Life satisfaction, Islamabad.

INTRODUCTION:

Breast cancer, develops from breast tissues, mainly from the interior lining of milk ducts or lobules^[1]. According to a research carried out by the American Cancer Society in 2009, breast cancer was found out to be the second dominant reason of death among women. For breast cancer, the concept of health-related quality of life is often used when aiming to determine and understand individual's life satisfaction and

well-being^[2]. This perception concerns how physical, mental and social functions are affected by the disease, as most women with breast cancer have been observed to return to the same level of quality of life as the general

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population after the end of treatment^[3]. Life satisfaction is frequently considered as a separate facet of quality of life, reflecting an individual's consideration of life in an aspiration–goal achievement model rather than serviceable limitations among women^[4].

Life satisfaction is a concept that characterizes affect and when the level of satisfaction is brought to consciousness, the individual relates hedonic affect to internalized roles. Satisfaction may be domain specific or characterize life as a whole. Thus, the self-reported level of life satisfaction characterizes the contentment which an individual derives from a certain domain of life or from life as a whole, and can be interpreted as a social indicator^[5]. Prognosis and survival rates differ considerably depending on type of cancer, stage and treatment, and patients' regional location. Overall recovery rates in the West are better than that the developing states where survival rates are much less^[6].

Self-acceptance is defined as embracing one's own self along with all the loopholes and incompetencies. Though this term has been used in a common way, researchers defined it in terms of positive and negative self-image. Self-acceptance is also defined as the degree to which an individual feels contented or agreeable with himself, and is deemed essential for high quality mental health. Self-acceptance is a rational individualistic perspective of self-understanding and awareness of one's potential and flaws which make an individual realize that he is of exceptional value. This is related to an individual's indulgence and contentment with himself, and is thought to be important for better psychological health^[7].

Life satisfaction can be reflected through experiences that affect an individual in a pleasant and satisfying manner. These experiences are powerful enough to encourage and motivate people to pursue and attain their goals^[7]. A personal disposition and stance on life direct an individual's perception that he holds regarding his life contentment^[8]. It is also observed that accumulation of behavioral problems in breast cancer patients post diagnosis. Researchers found that breast cancer patients encounter various challenges regarding self-concept. Breast cancer victims report difficulties dealing with multiple areas of

self-concept, including social, personal, and physical aspects. Deaths occurred in women, about 40 years of age or above were due to 95% of new cases and 97% of breast cancer. The most dreaded ailment among women in breast cancer is because of its long-lasting and recurring psychological and emotional impacts. It greatly destroys the self–image^[9]. Keeping in view the magnitude of disease led to initiation of this study.

MATERIALS AND METHODS:

Objectives:

1. The purpose of the study was to find out the role of Self-Acceptance and Life Satisfaction among Breast Cancer patients.
2. To find out whether demographic variables such as: Age, duration of illness, and marital status affects the Self-Acceptance and Life Satisfaction among Breast Cancer patients.

Hypotheses:

1. There will be a Positive correlation between Self-Acceptance and Life Satisfaction among Breast Cancer Patients.
2. There will be a significant difference of Age on Self-Acceptance and Life Satisfaction among Breast cancer Patients.
3. Married women will be unsatisfied with their life as compared to unmarried women.
4. Married women will low Self-Acceptance as compared to unmarried women.
5. There will be a significant difference of illness duration on Self-Acceptance and Life Satisfaction among Breast cancer Patients.

Sample:

It is a Hospital based study and convenient sample technique was used. The sample consisted of 50 breast cancer patients ($n=50$, aging between 20-50 years) collected through random sampling technique. Breast cancer patients were taken from different hospitals of Islamabad within the time period of 6 months.

Instruments:

The **Self-Acceptance scale** developed by Horowitz^[10] was used to measure self-acceptance. It consists of 5 items on a 10-point

Likert scale and measures low and high self-acceptance.

The *Satisfaction with life Scale (SWLS)* developed by Diener, Emmons, Larsen, & Griffin^[11] was used to measure the participants' satisfaction toward their lives. It consists 5 items on a 7-point Likert scale. The scoring

range for SWLS are from 31-35 Extremely Satisfied, 26-30 denoting Satisfied, 21-25 suggesting slightly satisfied, 20 as Neutral, 15-19 as slightly unsatisfied, 10-14 as Dissatisfied, and 5-9 as extremely dissatisfied.

RESULTS:

Table 1. Correlation between self-acceptance and life satisfaction among breast cancer patients (n=50)

	Self-Acceptance	Satisfaction with life
Self-Acceptance	-	.78**
Satisfaction with life	.78**	-

*p<0.01

Table depicts that there is a significant Correlation between Self-acceptance and life satisfaction among breast cancer women.

Table 2. One way Analysis of Variance of Breast Cancer women on age groups on life Satisfaction(n=50)

Source of Variance	Sum of squares	df	Mean Square	f	p
Between Group	543.86	2	271.93	7.283	.002*
Within Group	1381.50	47	37.33		
Total	1925.37	49			

Above table shows that there is a significant difference of age on life satisfaction among breast cancer women

Table 3. One way Analysis of Variance of Breast Cancer women on age groups on Self-Acceptance(n=50)

Source of Variance	Sum of squares	df	Mean Square	f	p
Between Group	189.43	2	94.717	3.685	.035
Within Group	950.96	47	25.70		
Total	1140.40	49			

Table above shows that there is no significant difference of age on self-acceptance among breast cancer women.

Table 4. Means, Standard deviations and t-value of Married and unmarried women on Self-Acceptance scale

Groups	N	M	S.D	t	p	Cohen's d
Unmarried	23	7.55	1.63	2.79	.002*	1.508
Married	27	11.95	3.84			

Note=*p<0.05

Above table result illustrates a significant difference between married and unmarried breast cancer women on self-acceptance. Married female have low self-acceptance as compare to unmarried women.

Table 5. Mean, standard deviation, t and p value of Married and unmarried Women on Life satisfaction

Groups	N	M	S.D	t	p	Cohen's d
Unmarried	23	10.95	2.84	3.26	.000*	1.508
Married	27	8.55	1.63			

Note=*p<0.05

Above table result depicts a non-significant difference between married and unmarried breast cancer women on life satisfaction. Result shows that unmarried women are dissatisfied with their life as compare to married women.

Table 6. One way Analysis of Variance of Breast Cancer women on illness duration on life Satisfaction

Groups	Sum of Squares	df	Mean Square	f	Sig.
Between Group	92.919	3	30.973	1.04	.38
Within Group	1067.056	46	29.640		
Total	1159.975	47			

Above table result depicts a non-significant difference between illness duration in breast cancer women on their life satisfaction.

Since the results on ANOVA were non-significant, no further analyses were carried out.

DISCUSSION:

A diagnosis of breast cancer can be considered as a more severe stressor than most of the stressful events faced by people. Present study analyzed the coping strategies used by a group of female patients who received a diagnosis of breast cancer before doing surgery. Many of our participants were old, married, illiterates and house wives; this could give an idea that most of attendants patients to the Oncology Center are of low social class^[10].

Results deduced from the study showed that

there was a significant effect of Self-acceptance on life satisfaction among breast cancer patients. This finding was consistent with those obtained in other studies^[12,13], which found the self-acceptance of breast cancer patients as a gradually increasing process and it lead them to life satisfaction. With time, women adapted to the changes and pressures brought on by breast cancer and felt a renewed hope. In addition, their understanding of life became more profound, and thus, the level of self-acceptance also increased. There was a significant correlation between Self-acceptance and life

satisfaction, but the researchers did not find any significant difference of age on life satisfaction among breast cancer patients. Researchers found that women who were suffering with cancer in their young age were more self-accepting as compared to older age women^[13].

The result reflects that there is a considerable inconsistency on life satisfaction among breast cancer women. Results also found that the marital status also affects the level of self-acceptance in women. Regarding acceptance, it was the second most common coping strategies among those patients. Acceptance means compliance with the reality of a stressful situation, learning to live with it, accepting its implications and its irreversible course. This suggests that Egyptian women with breast cancer tend not to blame themselves for the disease or think that it is their sole responsibility to address the problem. The planning that is necessary to get through the cancer experience and adaptation to life after cancer may have enhanced this form of coping. Similarly, the powerlessness and lack of control that the cancer experience often engenders may also have promoted a stronger sense of acceptance as a coping strategy. Another study found acceptance to be one of the most often used coping strategies along with positive reframing and the use of religion^[14].

Unmarried women have a higher self-acceptance as compared to married ones. Results suggest that there is a note worthy distinction between married and unmarried breast cancer women on life satisfaction. Result revealed that married women are more pleased and satisfied with their life rather than unmarried women. This is in contrast to previous research which was one of the few studies about life satisfaction shortly after onset of a serious disease and about life satisfaction among cancer patients^[11] and which ruled out the probability that the difference of illness duration among married women has significant effect on life satisfaction in breast cancer patients. In a Swedish reference group, women shortly after breast cancer surgery experienced less satisfaction with life as a whole, with sexual life and partner relationship, as well as with health^[14].

Patients with self acceptance are more optimistic, with a better understanding of problem, seem to show more life satisfaction and are probably better adapted to their disease. This is relevant to psychological intervention with breast cancer women, showing that for a better adjustment to disease, it's important to prevent the onset of depressive symptoms, work to promote positive self acceptance and promote positive variables like life satisfaction. However, there was no difference in regards to life satisfaction. These results can have particular repercussions for psycho-oncology. It serves as a warning to psychologists, to be vigilant of tumorectomized women, not devaluing them in regards to the mastectomized women. If at first it was thought that these women would present higher life satisfaction, given that in general, a tumorectomy is a sign of less severity of disease, after analysing the results, it appears that the differences between mastectomized and tumorectomized women in regards to optimism, self satisfaction and life satisfaction aren't significant, and should therefore be taken into consideration^[15].

CONCLUSION:

Present study suggests that there is a significant co-relation between self-acceptance and quality among breast cancer patients. There were inconsistent results on Self-acceptance and quality of life on the demographic variables, for example, self-acceptance among married women was higher than the unmarried women but on the other hand they did not differ with respect to quality of life. While no age differences were found to be true on both variables.

Suggestions and limitations:

Government can raise the awareness program on Breast cancer which can facilitate breast cancer patients as well as provide education to people who are living with these patients. Our sample was restricted to only one city, which makes it hard to actually generalize the results to other parts of the Pakistan, so in future studies it would be better if one can compare and contrast the data from other cities and may

be even better from multiple cities of Pakistan. By doing so sample size could be increased which might help to overcome the issues with sampling and ultimately on results. Another area which might be of interest is the rural versus urban comparison of the variables.

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