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Sexual Skills, Sexual Satisfaction and Body Image in Women with Breast Cancer

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Abstract

The present research purpose is to assess the effectiveness of sexual skills in the improvement of sexual function, sexual satisfaction and body image of women suffering from breast cancer. 24 patients suffering from breast cancer was selected from among the cancer sufferers hospitalized in Shohaday-e Tajrish Hospital who were then assigned to the experimental and control groups. The experimental group underwent twelve 90-minute sessions of sexual skills training. Results of covariance analysis indicated that sexual skills' training improves the sexual satisfaction. No significant effectiveness was observed in terms of patients' body image. With regard to the high prevalence of breast cancer among women, sexual skills training can improve sexual function and enhance sexual satisfaction among patients suffering from breast cancer.

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1. Introduction

Cancer and specifically breast cancer is regarded among the most serious diseases of the contemporary era. This

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disease with its physical, mental and social aspects stands amongst the most growing common problems of the societies. One of the most significant parts of the cancer patients' life quality is related to sexual function (Gallosilver, 2000). On the grounds that this disease threatens different aspects of life in its different phases, women suffering from cancer have high level of psychological distress which results in the appearance of anxiety and depression symptoms (Midtgard, Rorth and Stelter, 2005). Women who have undergone mastectomy experience mood disorders (depression, anxiety, aggression), sexual relationship problems, family and social problems which can affect their life quality and bring about some abnormalities in their sexual function. Desires and tendencies as well as the quality of sexual life are as complex, diverse and rich as the principles of life. Sex and sexuality are important parts of marriage (Basson, 2003). Barrientos (2006) argues that sexual satisfaction can be used as a means of measuring their interactions. Dissatisfaction with sexual relationships can lead to deeper problems in couples' relationship. These issues are gradually reinforced by tension and discord between the couples leading to the marital split (Christopher, & Sprecher, 2000). Studies show that 26% of women suffer from sexual dysfunction following the cancer -related surgeries (ononsetoz, Eelbi Mete, Noyan, Alper & Kapkac, 2004). Women have problems with desire (41%), arousal (29%), lubrication (56%), and orgasm (35%) (Hendren, O'Connor, Liu et al.). Studies demonstrate that the highest prevalence of sexual activity in patients with breast cancer is due to the complications of chemotherapy. In this regard, Yang (1996) showed that, vaginal dryness, sexual desire and difficulty in reaching orgasm in women who have chemotherapy is higher by 5.7, 5.5 and 7.1 times, respectively. Besides these complications, and outcomes, the body image of the sufferers is also negatively influenced. Fobair, Stewart, Chang, D'Onofrio, Banks, & Bloom (2006) demonstrated that half of women with breast cancer start to have an undesirable body image in the diagnosis phase. Since, the body image is a strong predictor of a significant part of these women's behaviour, it can be concluded that, the type of body image exerts strong influence on the marital and sexual relationship (Cash, & Pruzinsky, 2002) and the feelings and beliefs that a woman develops of her body image and femininity is of the most crucial importance (Dalton, Rasmussen, Classen, & et al, 2009). Lack of sexual knowledge and information with increase of an individual's vulnerability gives rise to inefficient sexual function. Sex education boosts an individual's skills and information and helps the individuals to work for a shared goal along with the gratification of needs and interaction in individual, family and social life (Franken, 2002; Berryman, Symth, Taylor, Lamont, & Joiner, 2002). Reese, Keefe, Somers & Abernethy (2010) have shown that flexible coping with sexual concerns allow for higher possibility of mood improvement, sexual satisfaction and relationship satisfaction. According to Reese (2011), successful coping efforts involve regulating the concept of sexual function and sexual acts through altering the behaviours and thoughts that have key role in intimacy and sexual acts. Kalaitzi, Papadopoulos, Michas, Vlasis, Skandalakis, & Filippou (2007) carried out a mixed intervention including brief couple therapy and sex therapy on 20 women having undergone mastectomy and their husbands. Results indicated that, these patients improved in the components of anxiety, depression, body image, relationship satisfaction, attraction, frequency of the orgasm and the tendency toward establishing a relationship. With regard to what was mentioned, the present research aimed to investigate the effectiveness of sexual skills in the improvement of sexual function, sexual satisfaction and body image of women suffering from breast cancer.

2. Method

A sample of 24 patients suffering from breast cancer was selected from among the cancer sufferers hospitalized in Shohaday-e Tajrish Hospital who were then assigned to the experimental and control groups. The experimental group underwent twelve 90-minute sessions of sexual skills training. All the subjects were tested by Arizona Sexual Experience Scale (ASEX) prior to and subsequent to the treatment. Arizona Sexual Experience Scale (ASEX) has been presented in Arizona University. This questionnaire has only 5 items that can screen sexual function disorders in the primary hygienic care level. These five items include sexual desire, arousal, vaginal lubrication in women, sustaining the erection in men and the ability to achieve and enjoy orgasm. The items are scored on a 6-point Likert scale. Body image is assessed based on the added items to Arizona Questionnaire. This item is a self-assessment scale that rates the intensity of dissatisfaction with body image form zero (I have no dissatisfaction with my body image) to 10 (I am extremely dissatisfied with my body image). In this scale, the patient is required to rate his/her dissatisfaction based on a numeral scale. The correlation of the scores of this item with the body image

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