

## Original Article

## Effectiveness of Object Relation Approach on Ego Strength and Communicational Patterns among Married Women with Breast Cancer

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### Abstract

**Introduction:** The purpose of this study was to investigate the effectiveness of object relation approach on ego strength and communicational patterns among married women with breast cancer.

**Method:** The present experimental study included pre-test, post-test with the control group design. The statistical population of this study consisted of all 40-60 years old women with breast cancer in Tabriz. Thirty people were selected by sampling method and were randomly placed in both experimental and control groups. The Instruments used in this study were psychological inventory of ego strength (PIES) and Christensen & Suhhaway communicational patterns questionnaire (CPQ). The experimental group received object relations training for six 90-minutes sessions, one session in a week. Analysis of the data was done using descriptive and inferential tests such as covariance analysis was conducted.

**Results:** The findings showed that difference between two groups of the experimental and control one was significant in terms of ego strength ( $p < 0.001$ ) and mutual constructive patterns ( $p < 0.001$ ).

**Conclusion:** Based on the results, the object relation approach has a significant impact on the modulation of the ego's strength, by modifying and improving the defense mechanisms of the patients. Also this approach improves the communication patterns of women with breast cancer. They were able to communicate more mature with the spouse and family thus they were able to improve their communication patterns. Object relation approach can be used in similar cases.

**Declaration of Interest:** None.

**Key words:** Object relation approach, Ego strength, Communicational patterns, Breast cancer.

### Introduction

Cancer has been considered as one of the prevalent non-infectious diseases, which is a kind of malfunction in the rate of proliferation and discrimination of cells and could occur in any body tissue and at any and by invading to healthy tissues lead to sever disease and finally death(1). Breast cancer is the most prevalent kind of cancer among women and around one third of all the cancers in women are allocated to it (2). Breast cancer like any other cancer endangers several aspects of psychological

healthy and those women being under treatment methods like mastectomy, chemotherapy and radiotherapy, suffer from more psychological tension (3). Many people with breast cancer suffer from psychological problems due to maladaptation with their disease and feel dissociation in their family lives (4). Pain and suffering from disease, worry about future of family members, fear of death, complications resulted from disease treatment, decreased rate of dully functions,

malfunction in mental image, and sexual problem are of factors that make psychological health disorder for patient with breast cancer (4).

The psychological adjustment of patients with cancer at the time of the initial diagnosis of the disease depends on their ego strength (5). Ego has the responsibility to manage psychological system; all the psychological problems emerge when ego could not do its responsibilities. In total, the person's ability to cope with life i.e. the individual's psychological equilibrium depends on ego ability and strength to overcome several pressures being imposed on it (6). Researchers believe that ego strength is an important factor that could predict psychological health and treatment compliance in people with chronic diseases (7).

The other issue in patients with cancer is their communicational patterns especially in the framework of family and marital relations. Christensen & Shenk (1991) divide communicational patterns between couples in to three classes: mutual constructive pattern, the pattern of expectation/Withdrawal includes two parts: (a) man's expectation/woman's withdrawal, (b) woman's expectation/man's withdrawal and Mutual avoidance (8). In this disease, communicational patterns become dysfunctional among the women with breast cancer not only with their spouses but also with children and the whole family (9). Defective communication patterns Reduces the correct understanding of couples from each other, making spouses unable to support each other and work together to meet each other's needs, and understand each other's point of view about conflicting issues (10). An approach to studying marital relationships is to explain patterns of couples' communication through searching for the causal mechanisms of formation of these patterns (11). The person carries the conflicts of the family members and especially the conflicts of their parents and

repeats the conflicts of the parent in their marital life (10).

The term object relations have occupied the main position in most at psychoanalysis texts during past years. Object relations means interpersonal relations and the object is a professional term that means the thing that subject is in relation with and refers to the thing that fulfills the needs. The issues related to object relations refer to the initial mother-child relations and how have the formation of the child's internal world and future relations of the adult person are under the influence of these initial relations (12). In the object relations theory, it is believed that, the intrapersonal unresolved conflicts of a person that is derived from his/ her main family are repeated and externalized in next intimate relations with the people like the spouse that lead to the formation of unhealthy and unrealistic communicational patterns between the couples (13). Problematic and disquiet marital relations are under the influence of harming introjections. These introjections are the results of relations that each spouse had with his/ her previous generation member in the past and now they have nestled in them. In addition the spouses, unfold inter-psyche problems transmit to the children and only by obtaining insight and getting rid of the past difficult attachments these individuals or spouses could learn that now communicate adult- adult relations with the members of original family (14) (10).

Women as the main core of the family have important roles, and their health and illness influences directly total family health and society (15). Koerner & Fitzpatrick believe that dysfunctional relationship is a source of environmental and social stress for the person's susceptibility against the disorders. For this reason, many scientists highlighted on change in ambiguous and inefficient relations in the family, because they believe that these kinds of communications increase the probability of emerging psychological harms. So, it is

appeared that being aware of this, which the way of their communications in marital lives roots in the way of their communication with main family that unconsciously effect on their relations would be in all the people with the disease (16). So, regarding the importance of ego strength and communicational patterns in women with breast cancer and regarding lack of data in the research literature, the researcher tries to study effectiveness of the approach of object relations on ego strength and communicational patterns in married women with breast cancer.

### **Methodology**

The statistical populations of this study were consisted of all 40-60 years old married women with breast cancer in Tabriz Ghazi, Behbood and Shams hospitals. Among them, 30 people were selected by sampling method and were placed in 2 groups of 15 individuals randomly (the experimental and control group). The experimental group participated in 6-session training object relations approach and control group received no intervention. Both groups answered psychological questionnaires of ego strength and communicational patterns before starting interventions and at the end of the interventions.

Entrance criteria to the study includes: 1- having at least diploma educational degree, 2 – not to take psychiatric drug, 3- not being suffer from another chronic disease, 4- not to participate in psychiatric intervention at the time of research performance, 5-lack of the presence of overt metastases to far most areas of body, 6- not to have obvious record of psychological disorder. 7- conscious consent to participate in research. The following instruments were used for data collection purposes.

### **Communicational patterns questionnaire:**

This scale has been made by Christensen and Suhhaway (1984) in California University. This scale has 35 items and estimates the

couples' behavior during three stages of marital conflicts. These stages are as follows: (a) when the couples have problem in their relationships, (b) white arguing about the communicational problem, (c) after arguing about the communicational problem. The couples rate any behavior in 9 point likers scale from 1 (it is not possible at all) to 9 (it is mostly possible). These behaviors include: mutual avoidance, mutual dispute, dispute / avoidance, mutual, negotiation, verbal violence, physical violence, and mutual withdrawal. This questionnaire is composed of three subscales. The scale of mutual constructive communication, the scale of mutual avoidance and the scale of expectation/withdrawal communication. The last one is composed of two parts: (1) man's expectation / woman's withdrawal, and (2) woman's expectation / man's withdrawal. Previous research that used this questionnaire have determined the reliability for its several subscales as 0.74 to 0.78 (17). In Iran, Ebadatpour (2000) has validated the above scale and in order to estimate its validity, he calculated correlation between the subscales of this questionnaire with the scale of martial satisfaction. The correlational coefficient obtained for three subscales of mutual constructive communication, mutual avoidance and expectation / with dared communication are respectively 0.58, 0.58, and 0.35 that are significant in 0.01 alpha levels. To determine reliability of the questionnaire, the internal correlation has been calculated for subscales of this questionnaire and the obtained numbers are respectively 0.5, 0.51, and 0.53, for man and 0.55 for woman (18).

### **Psychological inventory of ego strength:**

This scale developed by Markstrom and et al. that measures 8 points of ego strength (hope, will, purpose, competence, loyalty, love, care, and wisdom) and has 64 items. Markstrom et

al as its inventors examined reliability and validity of the scale. They have confirmed content, face and construct validity of the scale and also to examine its reliability through calculation of Cronbach alpha, the reported it as 0.68 (19). Altafi (2009) does also reported Cronbach alpha of the inventory on the Iranian sample 0.91 and its split- half reliability 0.77.

The object relation-training package by Dunvan (2003) was used with the experimental condition. The patient in the control group received no training. In the following, a brief description of the activities in each training session is given.

Session 1: Introduction, contracting about treatment proposing the purpose of the session communicating with the subject, measurement and appraisal of the problem, defining the communicational patterns and ego strength.

Session 2: Giving summary of previous session by help of the subjects, identifying events led to struggle, identifying feelings each subject has during conflicts and the

position of each of them in conflict, giving homework.

Session 3: Receiving feedback from the previous session, revealing the materials and home works of previous session and arguing about them, drawing concentration triangle with mentioning example, giving homework.

Session 4: Drawling conflict triangle , which identifies defense mechanisms, anxieties and internal feelings of the subject by giving homework.

Session 5: Modification of conflict triangle through decreasing the couples' defense mechanisms, presenting homework.

Session 6: Identifying alternatives that subjects use to decrease their controversies. Techniques about improvement and promote the relationship, factors that lead to problem in relationship, presenting homework, receiving feedback.

### Results

Table 1. Shows descriptive statistics (mean and standard deviation) for both conditions at pre-test and post-test.

Table 1: Mean and standard deviation in both experimental and control groups

<i>Experimental</i>				<i>Control</i>				
Pre test		Post test		Pre test		Post test		
Variables	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Ego strength	227.53	28.537	230.67	28.682	225.20	7.356	225.60	7.097
Mutual constructive	6.400	11.505	9.600	7.509	8.1333	7.356	8.333	7.979
Expectation / withdraw	27.1333	9.1796	24.000	10.357	24.933	7.878	24.733	7.535
1 man's expectation / woman's withdrawal	12.2000	4.074	11.600	3.924	13.000	4.956	12.866	4.15532
2 woman's expectation / man's withdrawal	14.9333	6.169	14.066	6.307	11.933	4.216	11.733	3.43234
Mutual a voidance	11.8667	4.405	11.4667	4.273	9.333	3.309	9.200	3.144

As evident, the ego strength and mutual constrictive patterns have been shown to have significant increase at post-test for participants in experimental condition. Furthermore, the decreases in the ether patterns were significant in experimental condition compared to the control condition. To examine normality of data, Kalmograph-Smirnov and to examine

homogeneity assumption of variances, Levin test were used. Distribution of all variables in pre- and post-test was normal ( $P > 0.05$ ). F value was not significant for all variables in post – test ( $p > 0.05$ ). Therefore, the assumption of variances homogeneity in all variables was confirmed.

Table2. Results of multivariate analysis of variance

Effect	Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
Wilks' Lambda	0.661	1.141	9	20	.381	0.339

The results of multivariate analysis of variance indicated that the linear combination of dependent variables was

significantly different between two groups ( $p > 0.05$ ).

Table3: Results of covariance analysis of ego strength and communicational patterns

Statistical index		Sum of squares	df	mean squares	F	sig	Partial Eta Squared
Pre-test		1830.680	1	1830.680	5.935	0.0001	0.996
Group	Ego Strength	56.108	1	56.108	18.196	*0.0001	0.403
Error		83.254	27	3.083			
Pre-test		1403.267	1	1403.267	413.330	0.000	0.939
Group	Mutual constructive	49.236	1	49.236	14.502	*0.001	0.349
Error		91.666	27	3.395			
Pre-test		1086.203	1	1086.203	24.223	0.000	0.473
Group	Expectation / withdraw	40.189	1	40.189	0.896	0.352	0.032
Error		1210.730	27	44.842			
Pre-test		418.594	1	418.594	291.744	0.000	0.915
Group	man's expectation/ woman's withdrawal	2.545	1	2.545	1.774	0.194	0.062
Error		38.740	27	1.435			
Pre-test		664.503	1	664.503	312.768	0.000	0.921
Group	woman's expectation / man's withdrawal	1.291	1	1.291	0.607	0.443	0.022
Error		57.364	27	2.125			
Pre-test		389.574	1	389.574	2.307	0.000	0.988
Group	Mutual a voidance	0.169	1	0.169	1.003	0.325	0.036
Error		4.560	27	0.169			

The results of table 4 shows that the difference between two experimental and control groups in ego strength ( $p < 0/01$ ) and mutual constructive

patterns ( $p < 0/01$ ) is significant. And in the patterns of expectation / withdrawal, man's expectation/ woman's withdrawal, and woman's expectation / man's

withdrawal and mutual avoidance is not significant. Therefore, the treatment of object relation approach has a significant effect on ego strength and communicational patterns.

### *Discussion*

The purpose of the present study was to examine effectiveness of object relation approach on ego strength and communicational patterns among married women with breast cancer. The results showed that this method of treatment was effective on improved mutual constructive patterns. This is consistent with (20), (21). These researchers pointed to the effect of main family in creating martial patterns, relationship between the parent's communicational patterns with children communicational patterns and the effect of treatment methods of object relations in improvement of couples' communicational patterns.

Regarding the obtained results in the subscales of communicational patterns, it is explained that because during treatment interventions, the people concentration triangle was examined, i.e. genogram of the main family of each person was drawn and each person identified the features of each parent, and examined any feature that each brought from the main family to their martial lives, this because clear for them that each one retrogress to fight with the old object besides having conflict with the disappointing current person and the struggle becomes works and get the form of upset cycle. Also, they have noted that each one in the martial live seeks to compensate those needs that

have not fulfilled in the main family and expects that the spouse fulfill those need; when the needs are not met, the feeling of anxiety and fear arises and the individual wants to defeat himself using the mechanisms like disdain, blame, anger, wrath, withdrawal, and negative attributions. During the interventions, the patient, are trained to examine and identify those events and accidents lead to conflict and find some alternatives for solving them. And also, identify probable. Alternatives used to decrease their conflicts up to now and reuse them so that they could see advantageous effects of these methods in solving the conflicts. On the other hand, they effectively discovered their conflict triangle in key points and got conservative cognition and emotional perception from meaning and concepts of struggle and obtain new perception of object relations involved in these conflicts; they dealt with more examination and selection of information related to the main family and could express their hidden feelings and recognize their importance and validity beside themselves. They confronted with their internalized objects and understood their effect in their lives. Also, in the step of conflict triangle, people examined defense mechanisms, anxiety and their internal feelings and confess to the maladaptive defenses brought to their martial lives and modified them. In the fifth step they became independent of their conflict triangle and could interact with each other by their adult side. When one of the spouse's decreases his/her defenses, usually the other follows him/her and accordingly could break

feedback cycle of struggle. Change in this model at first points to the changes inside any person and then to interaction between them (22). Therefore, patients were aware of the fact that maladaptive defense mechanisms were the cause of many of their communication problems. And also with the ability to communicate more mature with the spouse and family they were able to improve their communication patterns. Finally, the score of the patient's interactive constructive communication model increased and their communication pattern improved.

On the other hand, data analysis showed that this therapy method has been effective on ego strength of the patients and has increased it. Low ego strength is associated with inefficient defense mechanisms, lack of compromise capacity and low level of arousal (23). Several studies have pointed to this issue that the kind of used defense mechanism is under the effect of ego growth, because indeed this is the people ego, which operates defense mechanisms (24). Positive change in ego strength in the patients show that the patients get better psychological adaptation and wider range of mechanisms that lead to effective coping with stress full situations and daily problems (25). This section of findings could be explained in this way that the approach of object relations leads to increase intimacy in relations with the spouse and creation of successful effective relations in the patients. By improving communication patterns. Also, with positive influence on the components of ego strength specially loyalty and love and care lead to

increased total score in this variable. On the other hand, with modifying and improving the defense mechanisms of the patients, their ego strength was increased.

Therefore, by training the approach of object relations, ego strength increases that leads to patients who show more adaptation against cancer disease and take the control of the events resulted from disease.

The results of the present study shows that the approach of object relations is effective on ego strength and communicational patterns in married people with breast cancer. Of the results of this research, the hospitals and cancer treatment centers and consulting centers and psychological clinics could use.

Those researches that have been carried out in the filed effectiveness of short-term analytic psychotherapies like object relations psychotherapy are still in the beginning of their rout, so this treatment needs randomized controlled researches and factor analysis of the treatment, to find the main factors of therapy change like therapy alliance, transfer, therapist effect and or other variables.

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