

Investigating the Relationship among the Quality of Married Life, Internet Addiction, and Mindfulness in Women with Breast Cancer: The Mediating Role of Sexual Satisfaction

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Abstract

Background: Cyberspace has attracted sizeable audience thanks to its broad range of topics, diverse content, and audio and visual attractions. However, Internet addiction is believed to be a salient phenomenon as the consequence of improper use of cyberspace, which leads to mental and personality-related disorders. The present research aimed to investigate the mediating role of sexual satisfaction in the correlation among the quality of married life, Internet addiction, and mindfulness in patients with breast cancer.

Methods: This is a descriptive correlational study. The statistical population herein comprised all the women with breast cancer in Tehran, Iran in 2022, out of whom a sample of 250 was conveniently selected. The research tools included the Revised Dyadic Adjustment Scale, the Internet Addiction Test, the Kentucky Inventory of Mindfulness Skills, and the Index of Sexual Satisfaction. The research model was evaluated with structural equation modeling in AMOS-25 and SPSS version 27.

Results: Based on the obtained results, the mean and standard deviation (SD) of quality of married life, Internet addiction, mindfulness, and sexual satisfaction were 47.90 ± 6.71 , 59.18 ± 8.88 , 53.09 ± 8.73 , and 66.25 ± 7.14 , respectively. The results revealed the significance of all the direct paths ($P < 0.001$), except for the path of mindfulness to the quality of married life. The indirect paths from Internet addiction to the quality of married life mediated by sexual satisfaction ($P = 0.010$), and the association between mindfulness and the quality of married life mediated by sexual satisfaction ($P = 0.015$) were also significant. Furthermore, the final model was found to have good fit ($RMSEA = 0.027$).

Conclusions: The research model herein had a desirable fit. It is an appropriate model, according to which different programs can be developed and designed in order to improve the quality of married life of patients with breast cancer.

Keywords: Quality of life, Internet addiction disorder, Mindfulness, Breast cancer, Women

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1. Introduction

Cancer is a serious global disease and the second leading cause of death, after cardiovascular diseases. It is characterized by alterations in cell shape and the loss of cell differentiation (1). To date, over 7 million people have lost their lives to cancer, which is expected to have risen beyond 10 million by 2023 (2). Breast cancer constitutes 25% of all cancers in women and is the most prevalent and deadly malignancy among them (3, 4). Of all the women with this malignancy, 70% have no known risk factor. Age and family history are the key factors in breast cancer whose risk slightly increases in women with benign breast masses while it significantly increases in those with previous colon or ovarian cancers (5).

Different aspects of women's lives are affected

once breast cancer is diagnosed. One major aspect is sexual functioning and marital relationships, which gradually deteriorate their quality of married life (6). A marital relationship is one of the strongest human bonds whose quality has various outcomes for spouses, children, the family and, eventually, the society. Family is a dynamic institution forming a whole with its members; it grows over time and space in constant, interactive, and purposeful communication among its members (7). It is crucial to know how to identify biological, psychological, and emotional needs and to meet them. Satisfaction with married life means satisfaction with the family, which, in turn, means satisfaction with life, eventually resulting in the material and spiritual growth of a society (8).

Based on empirical evidence, the quality of married life is the function of various factors (9).

An effective factor in this case could be Internet addiction. The rapid development of mobile phone technologies, its expansion among all social strata, and its Internet connectivity have increased attention to new technologies, such as personal computers, and necessitated research on them. Currently, mobile phones are not merely audio communication devices, but serve diverse functions, such as Internet access, sending and receiving messages, photos, and videos, watching movies online, information management, personal information management, a database, and entertainment (10, 11).

Recently, cyberspace has become integral to modern life and had undeniable growth. Although most people use cyberspace without being negatively affected by it, in certain cases, it is misused and harms people's lives (12). Cyberspace has attracted sizeable audience thanks to its broad variety of topics, diverse content, up-to-date information, anonymity, and audio and visual attractions. However, Internet addiction is known to be a salient phenomenon as the consequence of improper use of cyberspace, leading to mental and personality-related disorders (13, 14). Research has shown a significant correlation between marital satisfaction and Internet addiction (15, 16).

Another factor shaping the quality of married life of women with breast cancer is mindfulness. Mindfulness generally refers to cognitive processes whereby people focus on experiencing feelings and events occurring in or around them at the present moment. In fact, mindfulness is one's non-judgmental or accepting concentration on and attention to an experience in the moment (17). It encourages people to view all emotions from a detached perspective. Mindfulness is included in treatment interventions for prevalent psychological problems, such as depression, stress, and anxiety (18, 19). The correlation between mindfulness and the quality of married life has been extensively confirmed (20, 21).

Both Internet addiction and mindfulness have been shown to directly affect the quality of married life. Meanwhile, we should also highlight the mediating role of sexual satisfaction in patients with breast cancer, which is defined as the degree of satisfaction with sex and the ability to provide mutual pleasure. The strength of marital relations is threatened in the absence of satisfactory sexual

relations. Sexual pleasure is one of the most important pleasures enjoyed throughout one's life, which could make hardships and marital problems bearable (22). Sexual satisfaction thus plays an important role in the quality of married life. Medical conditions and diseases like cancer disrupt couples' sex life. People with refractory diseases face numerous barriers to achieving sexual satisfaction (23). The correlation between sexual satisfaction and the quality of married life has been widely supported by research (24-26).

The problems caused by breast cancer for women impact their interpersonal and marital relationships, thus leading to silent divorce, which is the most serious familial problem. Accordingly, this work aimed to investigate the correlation among the quality of married life, Internet addiction, and mindfulness in patients with breast cancer through the mediating role of sexual satisfaction.

2. Methods

This is a descriptive correlational study. The statistical population herein comprised all the married women with breast cancer who visited specialized clinics in Tehran, Iran in 2022. The inclusion criteria were as follows: married women with breast cancer; having at least a middle school education; being in the age range of 30 to 60 years; signing informed consent. The exclusion criteria included not answering all the questions of the research questionnaires. As suggested by Kline (27), a sample of at least 10 participants per parameter is required to test the model, but a sample of about 25 participants per parameter would constitute an adequate sample. Consequently, with the permission of the officials of sub-specialty clinics in Tehran, 267 women who consented to participate in the study were conveniently selected. Subsequently, the questionnaires were distributed among them. Finally, the data of 250 women who had completely filled out the questionnaires were analyzed. Figure 1 shows the conceptual model of the research.

2.1. Measures

2.1.1. The Revised Dyadic Adjustment Scale (RDAS): The 14-item RDAS was designed by Busby and colleagues (28). It assesses the three subscales of marital consensus, marital satisfaction, and marital cohesion. The items are scored on a six-



Figure 1: The figure shows the conceptual model of the research.

point Likert scale. The Content Validity Ratio (CVR) (0.96) and Content Validity Index (CVI) (0.91) confirmed the instrument's content validity (29). In previous studies (29), Cronbach's alpha was reported as 0.85 for the scale.

2.1.2. The Internet Addiction Test (IAT): The 20-item IAT was designed by Young (30) to measure the degree of Internet addiction. It determines whether excessive use of the Internet has impacted different aspects of one's life. The items are scored on a Likert scale from not applicable (1) to always (5). The scores of all the items are summed to yield the overall score ranging from 20 to 100. The CVR (0.93) and CVI (0.95) indices confirmed the instrument's content validity. The reliability of this questionnaire was confirmed in the previous study ($\alpha=0.91$) (31).

2.1.3. The Kentucky Inventory of Mindfulness Skills: This 15-item inventory was developed by Baer and colleagues (32) to measure mindfulness. The items are scored on a six-point Likert scale, from never or very rarely true to almost always or always true. The total score ranges from 15 and 90; the higher the score, the more mindful the respondent is considered. The CVR and CVI of the tool were reported as 0.94 and 0.91 (33). The reliability of this questionnaire was confirmed in previous study ($\alpha=0.86$) (33).

2.1.4. The Index of Sexual Satisfaction:

This 25-item index was developed by Hudson and colleagues (34) to evaluate couples' level of satisfaction. The items are scored on a five-point scale from 1 to 5, with the final score ranging from 25 to 125; higher scores indicate greater sexual satisfaction. The CVR (0.92) and CVI (0.94) indices confirmed the instrument's content validity. The reliability of this questionnaire was confirmed in previous study ($\alpha=0.93$) (35).

2.2. Statistical Analyses

Descriptive and inferential statistics, including mean, standard deviation, and Pearson correlation coefficient, were used to analyze the data. The proposed model was tested via structural equation modeling (SEM) in SPSS version 27 and AMOS version 25.

3. Results

The mean (\pm SD) age of the participants amounted to 45.16 (\pm 9.41) years old, respectively. Table 1 represents the mean, SD, and correlation among the research variables, among which a significant correlation was observed. Figure 2 illustrates the initial model to explain the quality of married life based on Internet addiction, mindfulness, and sexual satisfaction.

Table 1: Mean, standard deviation (SD), and correlation among the studied variables

Variable	Mean \pm SD	1	2	3	4
1- Quality of married life	47.90 \pm 6.71	1			
2- Internet addiction	59.18 \pm 8.88	-0.43**	1		
3- Mindfulness	53.09 \pm 8.73	0.32**	-0.46**	1	
4- Sexual satisfaction	66.25 \pm 7.14	0.48**	-0.62**	0.51**	1

**P<0.01

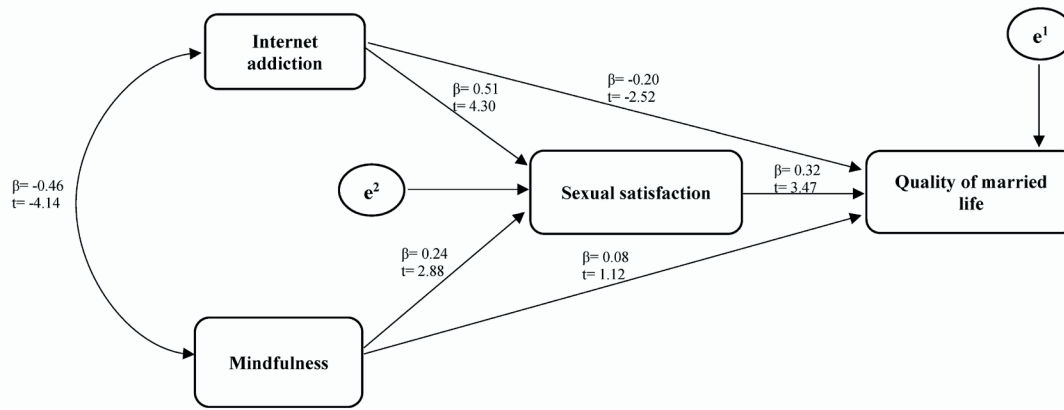


Figure 2: The figure shows the initial model to explain the quality of married life based on Internet addiction, mindfulness, and sexual satisfaction.

Table 2: Fit indicators in the initial and final models

Fit indicators	χ^2	df	(χ^2 /df)	IFI	RFI	TLI	CFI	NFI	RMSEA
Initial model	-	-	-	0.83	-	-	0.79	0.85	0.420
Final model	1.14	1	1.14	0.99	0.96	0.99	0.99	0.99	0.027

χ^2 : Chi-square; df: Degree of freedom; χ^2 /df: The ratio of chi-square to degree of freedom; IFI: Incremental Fit Index; RFI: Relative Fit Index; TLI: Tucker–Lewis index; CFI: Comparative Fit Index; NFI: Normed Fit Index; RMSEA: Root Mean Square Error of Approximation.

Based on Table 2, the initial model needed to be modified. After removing the non-significant path (from mindfulness to the quality of married life), the model was not saturated anymore, and χ^2 and other indices could be calculated by the software. The final model is depicted in Figure 3, and a Root Mean Square Error of Approximation

(RMSEA)=0.027 indicates its good fit.

The estimates of path coefficients for examining the direct paths are presented in Table 3. The association between mindfulness and sexual satisfaction ($\beta=0.24$, $P=0.001$) as well as that between sexual satisfaction and quality of married

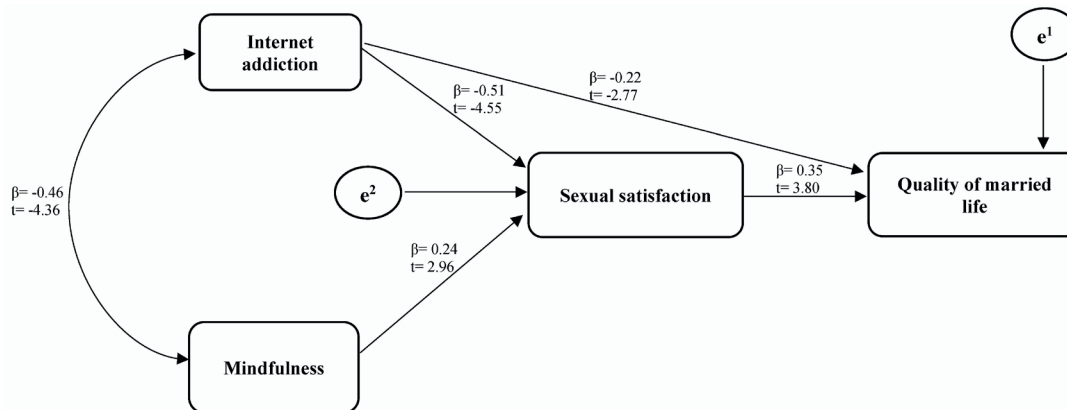


Figure 3: The figure shows the final model to explain the quality of married life based on Internet addiction, mindfulness, and sexual satisfaction.

Table 3: Path coefficients of direct association between the studied variables

Path	Initial model		Final model	
	β	P	β	P
Internet addiction → Quality of married life	-0.20	0.013	-0.22	0.005
Mindfulness → Quality of married life	0.08	0.284	-	-
Internet addiction → Sexual satisfaction	-0.51	0.001	-0.51	0.001
Mindfulness → Sexual satisfaction	0.24	0.001	0.24	0.001
Sexual satisfaction → Quality of married life	0.32	0.001	0.35	0.001

Table 4: Estimation of indirect paths in the final model

Paths	Final model	
	β	P
Internet addiction to quality of married life through the mediating role of sexual satisfaction	-0.13	0.010
Mindfulness to the quality of married life through the mediating role of sexual satisfaction	0.06	0.015

life ($\beta=0.35$, $P=0.001$) were direct and significant in women with breast cancer. The association between Internet addiction and quality of married life ($\beta=-0.22$, $P=0.005$) and that between Internet addiction and sexual satisfaction ($\beta=-0.51$, $P=0.001$) were negative and significant. The direct paths from sexual satisfaction to quality of married life was not found to be significant.

The indirect path from Internet addiction to the quality of married life mediated by sexual satisfaction ($\beta=-0.13$, $P=0.010$), and the indirect path from mindfulness to the quality of married life ($\beta=0.06$, $P=0.015$) mediated by sexual satisfaction were significant (Table 4).

4. Discussion

According to the findings, there was a direct and significant association between mindfulness and sexual satisfaction. The same trend was observed between sexual satisfaction and the quality of married life in women with breast cancer. There was a negative and significant association between Internet addiction and the quality of married life, and between Internet addiction and sexual satisfaction. The indirect paths to the quality of married life through sexual satisfaction were also significant.

The first finding was a direct and negative correlation between Internet addiction and the quality of married life. The findings herein were in line with those of previous studies (15, 16). People who spend a lot of time on the computer and the Internet suffer from physical, mental, emotional, and social problems. The lack of proper communication between couples distances them from each other, a deficiency that can be compensated for by the Internet. In such cases, people prefer cyberspace to the ups and downs of the real world. Internet addiction is dangerous due to its harmful impact on couples' relationships and good manners in the family, especially in the case of women (15). Women with breast cancer turn to the Internet to overcome the pressures and tensions of their married life, and this distances

them from the process of socialization, which is a key aspect of growth; as a result, they do not have a positive perception of social interaction in their relationships. Meanwhile, since women care more about conversation and interaction than men, their inclinations toward the Internet are more justifiable.

The second finding was the lack of a significant correlation between mindfulness and the quality of married life. This finding is inconsistent with the results reported by Garcia and colleagues (20). In the literature, the association between mindfulness and the quality of married life had been examined using correlation and regression analysis, which turned out to be significant; however, the hypotheses were tested through path analysis. Furthermore, the correlation between mindfulness and the quality of married life was significant on the Pearson test, but due to the existence of a mediator in the model, all the share and effects of mindfulness on the quality of married life were explained through the mediator (indirect association). In this model, mindfulness affected the quality of married life, but indirectly. This finding is to an extent consistent with the literature. The mindfulness of women with breast cancer greatly contributes to their quality of married life. The quality of married life affects various aspects of the couple's relationship. The quality of marital relationships is a combination of adjustment and happiness and reflects people's overall evaluation of their marital relationship. The quality of married life and the level of happiness depend on the way couples interact and deal with stressful life events. Meanwhile, mindfulness is awareness, paying attention to the present moment, and having targeted and non-judgmental attention without passing an opinion about what is happening; all this means experiencing pure reality without explanation (20). Mindfulness is a new way to relate more efficiently to life, which alleviates human suffering and enriches life, making it enjoyable and meaningful. Therefore, mindfulness is a significant predictor of the quality of marital relationships.

The third finding was a positive and direct association between sexual satisfaction in women with breast cancer and their quality of married life; by improving their sexual satisfaction, the quality of their married life is expected to improve. The findings were in line with those of previous studies (25, 26). Establishing a satisfactory sexual relationship first requires an intimate relationship between the couples; only after this can the couple talk more easily about sex without any fear or shame. The literature has shown the importance of having sexual relationships to create intimacy between couples; thus, ending this relationship can create an atmosphere of tension and dissatisfaction with married life, thereby jeopardizing the strength of marital relationships (25). Satisfaction with married life is; therefore, closely tied to satisfaction with sexual relations. Sex is an important part of a person's life that should be taken into account in social health and healthcare care. Breast cancer reduces women's sexual satisfaction and impacts the quality of their married life. Failing to pay attention to this issue leads to sexual dissatisfaction and can even threaten these women's marriages.

The results also revealed that satisfaction mediated the association of Internet addiction and mindfulness with the quality of married life. To the best of our knowledge, there is no similar study to compare our results with. Based on the first hypothesis, there was a significant correlation between Internet addiction and the quality of married life; on the indirect path, Internet addiction caused women to spend more time online, away from their husbands, thus neglecting their duties at home, which disturbed their emotional relationships. All these deteriorated their emotional intimacy and sexual satisfaction; since this is an important aspect of the married life of couples, it can affect the overall quality of women's married life. Moreover, there was no significant direct association between mindfulness and the quality of married life. Indirectly; nonetheless, mindfulness could affect the quality of married life if it first improved women's sexual satisfaction. All these highlight the importance of mindfulness and managing negative emotions and effects. When people acquire this skill, they can be aware of problems and stresses and find appropriate solutions; as a result, the stress of their illness is alleviated, and their sexual satisfaction along with the quality of married life improve. Consequently, sexual satisfaction mediates the

association of Internet addiction and mindfulness with the quality of married life.

4.1. Limitations

This study has certain limitations. The statistical population comprised the women with breast cancer in Tehran; therefore, caution should be exercised when generalizing the results to other patients with breast cancer in other cities. Further research should be conducted on other samples to make the generalization of the findings possible.

5. Conclusions

Consequently, there was a negative correlation between Internet addiction and the quality of married life. There was a positive correlation between patients with breast cancer's sexual satisfaction and their quality of married life. Moreover, sexual satisfaction mediated the association between Internet addiction and mindfulness with the quality of married life in women with breast cancer. Overall, the proposed model had a desirable fit and could be suggested as a significant step toward identifying the factors affecting the quality of married life of women with breast cancer. Educational workshops should be held to promote the mindfulness of women with breast cancer, increase their sexual satisfaction, reduce dependence on the Internet and cyberspace, and improve their quality of married life.

Ethical Approval

The Ethical Committee of Islamic Azad University- Ahvaz Branch approved this research with the code of IR.IAU.AHVAZ.REC.1401.037. Also, written informed consent was obtained from the participants.

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Conflict of Interest: None declared.

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