UNDERSTANDING THE RELATIONAL PROCESSES IN TURKISH COUPLES BEFORE AND AFTER A BREAST CANCER EXPERIENCE

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- I am the sole author of this thesis and that I have fully acknowledged and documented in my thesis all sources of ideas and words, including digital resources, which have been produced or published by another person or institution;
- this thesis contains no material that has been submitted or accepted for a degree or diploma in any other educational institution;
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ABSTRACT

Understanding the Relational Processes of Turkish Couples

Before and After a Breast Cancer Experience

Cancer is a life threatening illness which has effects on both individual and relational levels. The present study aims to understand the intrapersonal and interpersonal relational processes obtaining in a sample of Turkish breast cancer survivors' and their male partners' before and after the cancer experience. The present study employed the Family Systems Illness Model and the Intimacy Model of Relational Competence Theory as the analytical frame.11 heterosexual couples; 11 female breast cancer survivors and 11 male partners between the ages of 30-65 and from middle to upper SES levels participated in this study. Each participant was interviewed individually and face to face, using a semi structured interview format developed by the researcher. The interviews were coded in accordance with a Grounded Theory approach using MaxQDA12 Data Analysis Software. The core couple categories to emerge from this qualitative study were; harmonious/responsive relational processes which was named as "being we" couples, conflictual relational processes which was named as "never feeling as we" couples and a transition from conflictual relational processes to more harmonious/responsive ones as a result of the cancer experience which was named as "becoming we" couples. Thus the study findings indicated three different relational processes that reflect three different courses of development for the participants.

ÖZET

Türkiye'de Çiftlerin Meme Kanseri Deneyimi Öncesi ve Sonrasında Yaşadıkları İlişkisel Süreçleri Anlamak

Kanser, hayatı tehdit eden ve hem bireysel hem ilişkisel düzeyde etkileri olan bir hastalıktır. Bu çalışmanın amacı, Türkiye'de meme kanserini atlatmış kişiler ve onların eşlerinden oluşan bir grup örneklemin, kanser öncesi ve sonrası deneyimlerinden edinilmiş bireysel ve ilişkisel süreçlerini anlamaktır. Aile Sistemleri Teorisi'nin Hastalık Modeli ve İlişkisel Yeterlilik Teorisi'nin Yakınlık Modeli bu çalışmanın analitik çerçevesini belirlemiştir. Katılımcılar, 30-65 yaş aralığında, orta ve üst sosyoekonomik düzeylerden gelen, meme kanseri teşhis ve tedavi sürecini atlatmış kadınlar ve onların eşleri olmak üzere toplam 11 çift olmak üzere 22 kişidir. Her bir katılımcı ile araştırmacı tarafından geliştirilmiş ve yarı yapılandırılmış karşılıklı görüşme formatı kullanılarak bireysel röportajlar yapılmıştır. Görüşmeler "Grounded Theory" yaklaşımına uygun olarak ve MaxQDA12 Data Analiz Programı kullanılarak kodlanmıştır. Bu kalitatif araştırmadan çiftlere dair çıkan ana kategoriler şunlardır: uyumlu ve duyarlı süreçlerin yaşandığı "biz olmuş" çiftler, kanser deneyiminden öncesinde de sonrasında da çatışmalı süreçler yaşayan "asla biz olarak hissetmeyen" çiftler ve kanser deneyimi sonrasında çatışmalı ilişkisel süreçlerden daha uyumlu ve duyarlı süreçlere geçiş yapan "biz olarak değişen" çiftler. Böylelikle araştırma sonuçları, katılımcıların ilişkisel açıdan farklı gelişimsel güzergahlarını yansıtan üç farklı ilişkisel süreç tipine işaret etmiştir.

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CHAPTER 1

INTRODUCTION

The purpose of this study is threefold: 1) to understand the relational processes obtaining in a sample of Turkish breast cancer survivors' and their male partners' before and after the cancer experience 2) to explore how survivors and their male partners cope with a life-threatening/life-altering illness both on individual and relational levels 3) to understand the different trajectories of couples' cancer experience.

The organization of the present research is as follows: The first chapter is an introduction which contains five sections. The first section presents the rationale of the study. The second section presents a literature review on the post-treatment phase in terms of survivors' and their partners' psychosocial adjustment. This section also contains a literature review about understanding illness stories in a relational context of cancer survivors and their male partners in the light of theoretical models of relational intimacy. The third section aims at understanding illness stories by using qualitative analysis. The fourth section presents the purpose of the present study. Finally the fifth section presents the research questions.

The second chapter presents the methodology of the present qualitative study together with an overview to understand qualitative analysis and grounded theory methodology. The third chapter presents the results and finally the fourth chapter presents the discussion.

1.1 Rationale of the study

Illness, particularly a life threatening illness such as cancer, interferes with individual lives both physiologically and psychologically. It is a threat to physical well-being, body integrity, autonomy, life goals, social and intimate relationships as well as to financial security (Goodheart & Lansing, 1997). As Cassell (as cited in Little, Jordens, Paul, Montgomery & Phlipson, 1998) put it, "the diagnosis of serious illness is a confrontation with the self, its meaning, autonomy and dependencies. The treatment process and the post-treatment phase of a serious illness can lead to reconstruction of self and worldview" (Laranjeira, Leao & Leal, 2013).

Studies in the field indicate that the diagnosis of cancer leads to greater stress than any other disease, with numerous negative psychological consequences (Shapiro, Lopez, Schwartz, Bootzin, Figueredo, Braden & Kurker, 2001). In many respects, a cancer diagnosis can be considered as a traumatic life event (Shapiro et al, 2001). The 4th edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (APA, 1994) emphasizes that individuals diagnosed with serious illness could experience symptoms of posttraumatic stress disorder (PTSD). Accordingly, a serious life event can become traumatic because it leads to mental states that differ from ordinary experiences of consciousness (Barron, Eagle & Wolitzky, 1992). When the possibility of death suddenly becomes a reality in life, then cancer is experienced as a threat to the person's whole existence (Arman & Rehnsfeldt, 2003).

The diagnosis of cancer is followed by complex and time-intensive anticancer treatments such as surgery, pre and post-operative chemotherapy, radiation therapy and hormone therapy. While the physical and psychological difficulties of the whole process negatively affect the quality of life of individuals with cancer, the basic

psychological challenge still remains in the form of uncertainty after the completion of treatment. Although there are advances in early diagnosis and medical treatment regimens, cancer is still considered a chronic and unpredictable illness by many people (Shaha, Cox, Talman & Kelly, 2008).

Researchers within the field of clinical-health psychology, focus on how patients and their significant others cope with the diagnosis and the treatment process and how they adapt to living with uncertainties after treatment. Studies during the past 20 years indicate that the field of clinical-health psychology needs more integrative theories and clinical models that combine scientific information coming from various disciplines of psychology. This will help to formulate more efficient psychosocial interventions on individual and relational levels.

1.2 Literature review

1.2.1 Breast cancer

Among the various types of cancer, breast cancer is a common disease, and every year an increasing number of women are diagnosed with it (Barraclough, 1994; Gürbüz, 2003; American Cancer Society, 2007). Worldwide, breast cancer is the second most common type of cancer after lung cancer and the fifth most common cause of cancer death (World Health Organization International Agency for Research on Cancer, 2003). It was reported that one out of every 8 women in the United States is diagnosed with breast cancer. In Turkey 30,000 women are diagnosed with breast cancer every year (Gürbüz, 2003). “The 5-year relative survival rate for localized breast cancer is reported to be 96%, whereas as the cancer spreads, a woman’s survival rate diminishes” (Biagatti & Wagner, 2003, p. 75).

1.2.2 Treatment of breast cancer

The type of treatment for breast cancer depends on the stage of the disease. Staging of the disease is classified as Stage 0, Stage I, Stage II, Stage III and Stage IV. In Stage 0, abnormal cells are found in the lining of a breast duct but they have not spread outside the duct. In Stage I, the tumor is less than 2cm and has not spread outside the breast. Stage II is classified into Stage IIA and Stage IIB. In Stage IIA; no tumor is found in the breast but cancer is found in the lymph node under the arm or the tumor is 2cm or smaller and has not spread to the lymph nodes or the tumor is larger than 2cm and smaller than 5cm and has not spread to the lymph nodes. In Stage IIB, the tumor is larger than 2cm but smaller than 5cm and has spread to the lymph nodes or larger than 5 cm but has not spread to the lymph nodes. Stage III is classified as Stage IIIA and Stage IIIB. In Stage IIIA, cancer is found in the axillary lymph nodes that are attached to each other or to other structures or the tumor is smaller but cancer has spread to axillary lymph nodes that are attached to each other, or the tumor is larger than 2cm but smaller than 5cm, and cancer has spread to axillary lymph nodes that are attached to each other or to other structures, or if the tumor is larger than 5cm, cancer has spread to axillary lymph nodes that may be attached to each other or to other structures. In Stage IIIB, the tumor may be any size and cancer has spread to the chest wall and/or the skin of the breast, and may have spread to the chest wall and also to lymph nodes above or below the collarbone, and may have spread to axillary lymph nodes or to lymph nodes near the breastbone. In Stage IV, the cancer has spread to other organs of the body, most often the bones, lung, liver or brain (National Cancer Institute, 2009).

The treatment of breast cancer includes mastectomy, which means removal of the entire breast, or breast-conserving surgery to remove only the cancer and some

surrounding breast tissue followed by lymph node dissection-lumpectomy, adjuvant radiation therapy, and systemic chemotherapy-with or without hormone therapy- (National Cancer Institute, 2009). Stage I, Stage II, Stage IIIA and operable Stage IIIC may be treated by breast-conserving surgery or modified mastectomy followed by adjuvant therapies given after surgery to increase the chances of cure. Adjuvant therapy includes radiation therapy and systemic chemotherapy, with or without hormone therapy. Radiation therapy is given to the lymph nodes near the breast and to the chest wall after a modified radical mastectomy. It attacks reproducing cancer cells and alters the genetic code of the cells. This treatment produces side effects such as fatigue, skin redness, dryness, shortness of breath, itching (American Cancer Society, 2002).

Chemotherapy is a systemic treatment that travels throughout the circulatory system; the blood reaches cancer cells and destroys them. This treatment has many side effects such as hair loss, appetite loss, nausea, vomiting, risk of infection, and fatigue (American Cancer Society, 2002). Besides these problems of the diagnosis, breast surgery and these adjuvant therapies, the emotional adjustment process of breast cancer patients increases the burden for patients.

1.2.3 The post-treatment period and psychosocial adjustment of breast cancer survivors

There are a number of studies which report that much of the change in physical and mental functioning occurs during the first year post-diagnosis which tends to be the most stressful time, requiring the most adjustment (Gallagher, Parle & Cairns, 2002; Helgeson, Synder & Seltman, 2004).

Despite the fact that breast cancer has a favorable prognosis for stage I and stage II, women in these groups still show high levels of anxiety and depression symptoms even after the recovery phase (Epping-Jordan, Compass, Osowiecki, Oppediasano, Gerhardt, Primo & Krag, 1999). Breast cancer survivors mostly report an overwhelming sense of loss of control over the disease (Llewellyn, 2005). On the basis of their research findings, Shapiro, Lopez, Schwartz, Bootzin, Figueredo, Braden & Kurker (2001) report that the major concern among breast cancer survivors is the fear of recurrence. They further indicate that cancer can create challenges for the woman's body image and sexuality due to post-treatment side effects on fertility and early menopause.

Studies report that typical responses of breast cancer survivors include; depression, anxiety and anger, marital and sexual dysfunctions, fear of recurrence (Spira, 1997). Furthermore, researchers indicate that the disfiguring conditions such as mastectomy with its associated multiple meanings leads to higher levels of distress and more intense feelings of anxiety or diminished sexual feelings for both partners (Rolland, 1994).

Many researchers try to conceptualize the emotional experience during and after the cancer experience. Some researchers focus on the individual experience of emotional suffering during an illness experience. According to Kahn and Steeves (1986) for example, a person experiences emotional suffering when some crucial aspect of self is threatened, as in the case of a cancer diagnosis. Similarly, Rodgers and Cowles (1997) suggest that "suffering is an individualized, subjective and complex experience that involves the assignment of an intensely negative meaning to an event or a perceived threat" (p.1048). Cassell (1992) explains suffering as a state of distress resulting from the threat of loss, inactness or disintegration.

Morse (1997) considers emotional suffering as one of five stages in an illness experience. According to him, these stages are; vigilance, disruption, enduring life, suffering and learning to live respectively. He defines the stage of suffering as striving to restore self. According to him, a suffering person has difficulty expressing his/her deepest feelings which may then find a way of expression in different forms. In other words; individual suffering is not directly observable and it is mostly hidden beneath the symptoms of pain, anxiety and fear.

The Psychological Aspects of Breast Cancer Study Group (Bloom, Cook, Flamer, Gates, Holland, Muenz, Murawski, Penman & Ross, 1987) investigated emotional reactions to mastectomy. Their results showed that women with Stage I and Stage II breast cancer, experienced greater psychological distress in terms of somatic symptoms, deprecation of self, psychosocial impairment, irritability and physical complaints than women who had undergone cholecystectomy and women with benign disease. They further report that psychological difficulties continue during the first year after diagnosis. Epping-Jordan et al. (1999) indicated that the severity of the disease, feelings of helplessness/hopelessness, social support, personality factors and coping style predict the level of distress after diagnosis. Studies which aim to understand the impact of a cancer diagnosis and its treatment on individuals focus on different times after diagnosis. For example; Weismann and Worden (as cited in Knobf, 2007) call the first 100 days following a cancer diagnosis as the "existential plight" which is the time for increased emotional stress while struggling to reintegrate into life as a survivor. Bloom (2002) on the other hand, describes the post diagnosis period in terms of three stages. He calls the first stage as the "acute survival phase" which is the period from the diagnosis through the first year. According to him the more commonly seen psychosocial problems during this

stage are; emotional distress, depression and anxiety. He refers to the second stage as; "the extended survival" which is the period from the end of the first year following diagnosis until three years later when the probability of recurrence is the greatest for most cancers. The more common psychosocial problems of this stage are defined as energy reduction, decrease in physical functioning, changes in body image, interpersonal, marital issues, sexual dysfunctions and problems in returning to work. Bloom (2002) calls the third stage as "the permanent survival phase" which extends from three years when the probability of recurrence diminishes for most cancers. He further reports that problems of loss in energy and relationship issues with the partners continue during that phase.

There are many studies concentrating on Bloom's (2002) definition of the second stage. For example, Thewes, Butow, Girgis and Pendlebury (2004) investigated the psychosocial needs of breast cancer survivors who completed their hospital based treatment 6-24 months ago. Their results indicated that the impact of cancer included the physical, emotional, lifestyle, relationship and sexuality domains. Both younger and older participants expressed their need of emotional and practical support to cope with their fear of recurrence, and to manage daily life stresses. Results also indicated that; these participants were seeking reassurance that symptoms of fatigue and pain are normal. For younger participants dealing with the gynecological and reproductive consequences of their treatment besides the problems of changes in their lifestyle and career were very significant. On the basis of their research findings, Thewes et al (2004) suggest that breast cancer survivors continue to have psychosocial problems in the first two years after treatment.

Knobf (2007) in his review article on psychosocial responses in breast cancer survivors emphasizes the need for recognizing persistent and late effects of

treatment. According to him; the pattern of recovery after therapy is a newly emerging field of study. He indicates that the first year after treatment is accompanied by challenges in physical, psychological and social domains of life. He suggests that during the treatment period, women concentrate on what needs to be done and they may conceal their emotional distress for the time being. Besides, the person is actively doing something against cancer. But when the treatment is completed, there may be complex emotions associated with the completion of treatment. Spouses, family and friends expect the patient to return to her normal life whereas the patient deals with feelings of uncertainty, increased vulnerability and anxiety which may persist over time. The cancer survivor may also have feelings of isolation and abandonment related to health care providers. Reintegration into normal life is a time of stress. The emotional responses of the entire process may surface with symptoms of psychological distress, fears of recurrence, worry and distress related to intimate relationships. Arman and Rehnsfeldt (2003) reviewed the qualitative literature on how the lived experience of breast cancer was described. The descriptions included bodily changes, search for meaning, changes in life perspectives, self-transcendence, existential concerns and suffering. Little, Jordens, Paul, Montgomery and Phlipson (1998) studied the subjective experience of those who experienced cancer by using a grounded theory methodology. Their results indicated three basic themes of experience which are; identification as a “cancer patient”, not being able to communicate the subjective experience of illness to significant others and an awareness of having limits in terms of time, space and empowerment.

In a similar vein, Schmid-Büchi, Halfens, Dassen and Van Der Barne (2011) compared the psychosocial needs of survivors and their close relatives during the

post-treatment phase. Their results indicated that 1 year after the completion of medical treatment, breast cancer survivors still need help. These survivors experience feelings of uncertainty, worry about the future and the course of the illness and sexual problems.

Tighe, Molassiotis, Morris and Richardson (2011) explored the experiences of breast cancer patients in the first year following diagnosis. In this qualitative research, participants expressed feeling unprepared to deal with the impact of cancer on their ability to cope and on their interpersonal relationships. On the basis of these findings, the authors suggest that breast cancer is a life threatening and chronic illness which requires special attention in terms of multi-dimensional support in the first year of survival.

In an earlier study with breast cancer patients, marital, sexual, interpersonal and work adjustment as well as depression and personality characteristics were assessed a 3,12 and 24 months (Morris, Greer & White, 1977). According to the results, more than one-quarter of the patients had adjustment problems by 2 years. But the most important part of their results was that adjustment problems were related with personal history prior to diagnosis.

There are many factors that may account for psychosocial problems during the post-treatment phase. These are; age, culture, communication, emotional support, coping styles, family relationships, physical and psychological symptoms and interpersonal characteristics (Knobf, 2007). Among these, spouses/partners and close family members are considered as the major source of emotional support for patients. These significant others on the other hand experience similar psychological reactions to diagnosis, treatment and the post-treatment phase. Fergus and Gray's (2009) qualitative study adopted an interactional perspective and examined the role of close

interpersonal relationships for nineteen breast cancer patients and their spouses. The results showed that the cancer experience was an opportunity for mutual growth and intimacy for couples who were able to overcome the difficulties and challenges after the diagnosis.

Carmack Taylor (2005) emphasizes the importance of considering the couple as the basic unit of study for a detailed assessment and for more adaptive psychosocial interventions.

Studies indicate the importance of mutual and open communication between partners and how it directly influences the psychological outcomes (Manne & Badr, 2005; Schnipper, 2006; Knobf, 2007; Rolland, 2018).

1.2.4 Psychosocial adjustment of male partners of breast cancer survivors

The cancer experience can have a substantial impact on the partners of cancer survivors. Researchers suggest that the first year after diagnosis is critical for both women and their male partners (Nathan, 1990; Naaman, Radwan & Johnson, 2009). They point out the need to adjust to the outcomes of a life-threatening illness and the anxiety associated with being a survivor. Their results indicated that there are several factors that can predict adjustment to breast cancer; concurrent stress, illness severity, each partner's own baseline adjustment. According to Rabinowitz (2002) the breast cancer experience brings changes in both physical and psychological domains for both patients and their partners. He argues that partners of breast cancer patients report similar emotional issues.

Thomas, Morris and Harman (2002) investigated the psychosocial needs of cancer patients and their basic caregivers through in depth guided interviews. Their findings indicated that spouses "worked hard to manage the emotions of the patient

as well as their own feeling states" and "carers felt that they had to be and often wanted to be strong and positive and try to maximize the sense of life carrying on as normal" (p.542). The results further showed that spouses often shared feelings about the illness and perceived the struggle as a joint one. According to Romito, Goldzweig, Cormio, Hagedoorn and Anderson (2013), care giving partners have multiple tasks which change through the treatment process in accordance with patients' medical and emotional needs. They further suggest that it is important to understand whether caregivers of long-term cancer survivors cope with residual emotional problems.

Harrow, Wells, Barbour and Cable's (2008) qualitative study explored the emotional experiences of male partners of women who completed treatment for breast cancer. Their findings suggest that the impact of breast cancer leads to challenges for male partners who experience continuous changes in their everyday lives. Results also indicated that male partners have both similar and separate concerns which they do not share with their wives. On the basis of their research findings, the authors suggest that these issues need to be discussed openly between partners for a full psychological recovery. Rolland (1994) also underlies the importance of sensitive, open and direct communication between partners about various issues besides the illness. According to him communication patterns between partners directly affect their relational quality.

Robinson, Carroll & Watson (2005) wanted to learn about the personal perspectives of close family members who are involved in a therapeutic treatment for cancer. The results revealed three themes for cancer families; a struggle between feelings of isolation and connectedness, to find a meaning in life and death and to be able to incorporate cancer into their lives. On the basis of their findings, the authors suggest

that the difficult cancer experience can be made easier by building shared experiences between partners and cancer survivors. Rolland suggests that "couples are more empowered when they can see their predicament in a balanced way as a relationship issue shared by both" (Rolland, 1994; p.5).

1.2.5 The relational perspective

The literature within the past 20 years indicates that psychosocial adjustment and coping is not a personal but a relational issue (Wimberly Kissinger, Carver & Antoni, 2008; Fergus & Gray, 2009; Badr, Carmack, Kashy & Cristofanilli, 2010; Dorros, Card, Segrin & Badger, 2010; Kraemer, Stanton, Meyerowitz, Rowland & Ganz, 2011). Recent studies show that the interpersonal context is an important domain of research both within the fields of clinical psychology and health psychology. The relational approach in clinical psychology focuses on the relationship between early attachment patterns, affect regulation and coping behavior in later years. The relational approach has reflections also within the field of health psychology. Researchers within the field emphasize the dynamic nature of the relational context when an emotional subsystem like a marital couple faces a life-changing illness. Studies explore the relationship between pre and post-treatment relationship quality after the illness experience. Some researchers try to understand the effects of a life-altering illness like cancer on couples' intersubjective identity. This perspective brings the social, health and the clinical psychology literature together while trying to formulate comprehensive models for both research and psychosocial interventions.

1.2.5.1 A theoretical discussion from attachment theory and affect regulation to relational coping

The relational perspective in clinical psychology takes its roots from theories of attachment and affects regulation. On the basis of Bowlby's and Ainsworth's work, attachment theory suggests that through repeated infant-caregiver interactions, infants develop internal working models, that is they develop representations of relationships which lead to stable expectations about themselves and others while organizing their affective experiences throughout their lives (Diamond, 2003; Gallo, Smith & Ruiz, 2003; Kozlowska & Hanney, 2002). These expectations filter incoming information accordingly. Securely attached individuals in contrast to the insecurely attached, show more adaptive forms of coping and effective emotion regulation strategies when faced with physical and psychological challenges (Diamond & Aspinwall, 2003). Diamond (2003) indicates that early experiences shape affect regulation and thus influence coping styles, strategies for problem solving, social support processes as well as mental and physical health. He suggests that "affective bioregulation of somatic states are dependent on the early attachment relationships and indeed on relations throughout the life cycle" (Diamond, 2003; p. 32).

Recent research in the field proposes a dimensional model of attachment rather than a categorical one (Gallo et al, 2003). According to this model attachment structure is based on the degree of "anxiety" and "avoidance" in close relationships. At one pole of the horizontal dimension is a continuum of low to high anxiety. On the vertical dimension, one pole is high avoidance and the other is low avoidance (Gallo et al, 2003). But the authors indicate the importance of examining other interpersonal processes rather than attachment scales alone.

According to Naaman, Radwan and Johnson (2009) attachment theory is primarily a theory of affect regulation. On the basis of empirical research, they suggest that when a person faces a stress, s/he filters perceptual information, shapes his/her affect and guides coping strategies accordingly. These processes can be gathered under the main heading of affect regulation which has a central place in both attachment theory and in many other domains of psychology. Siegel (1999) for example places affect regulation at the center of self-organization. He suggests that there is an innate capacity of the brain to regulate emotion and to organize its states of activation, which is also named as "affect regulation". Siegel (1999) considers this capacity as essential for both the internal and interpersonal functioning of the individual. According to him "how we experience the world, relate to others, and find meaning in life is dependent upon how we have come to regulate our emotions" (p.245). Beebe and Lachmann (2002) suggest that self-regulation includes access to inner states together with the capacity to articulate and use those states. Fonagy (Fonagy, Gergely, Jurist & Targer, 2002) suggests that affect regulation involves both the lowest level of organismic equilibrium and also our connection with significant others. He states that "regulation occurs in connection with our relation to others, it serves to help us to craft affects and to communicate them" (2002, p.95).

According to Thompson (as cited in Fonagy et al, 2002) there are many aspects of affect regulation. These are; managing emotional arousal at a neurophysiological level, attention processes, informational processes such as reinterpreting the situation, encoding the internal cues for emotional arousal in a given situation, enhancing access to coping mechanisms, disclosing emotions and getting emotional responsiveness from significant others.

All the above mentioned ideas indicate that attachment and affect regulation are important issues in considering dyadic coping with cancer. The section below addresses these issues.

1.2.5.2 Interactive regulation and dyadic coping with cancer: a view from the relational perspective

A life-threatening illness like cancer is one of the physical and psychological challenges that a person may encounter throughout his/her life cycle. The individual tries to accommodate and adapt to his/her life after cancer, to deal with the threat of disintegration, striving to restore the self and facing the limitations of empowerment. S/he is in a process of emotional dysregulation, because, the cancer experience may have led to unusual regulatory processes ranging from various defenses to high levels of inhibition (Barron, Eagle & Wolitzky, 1992). The person who has faced a life threatening situation has to accommodate and assimilate this experience into his/her preexisting meaning or knowledge structure while as Fonogy puts it, "trying to control and modulate his/her affective responses" (Fonagy et al, 2002; p. 66).

Many researchers focus on the relationship between early attachment, affect regulation and coping with a chronic illness. For example, Simpson, Rholes, Orina and Grich (1992) employ the attachment perspective to understand coping with chronic illness. According to their findings; attachment style is responsible for the variations in psychological adjustment; secure attachment is associated with flexible coping and there is a negative correlation between insecure attachment and adjustment. They further conclude that coping styles are determined by affect regulation. In a similar vein, Koehler, Koeningsmann and Frommer (2009) evaluate

coping efforts as the person's conscious and unconscious regulation efforts which are primarily deduced from previous experiences.

The relational perspective in health psychology on the other hand, defines successful adaptation and coping not as dependent on the circumstances of the illness and ways of individual coping but rather on how well the couple integrates cancer into their lives and uses it as an opportunity for relational growth.

Manne and Badr (2008), for example, underlie the importance of focusing attention on the relationship and communication behaviors of the couple for enhancing the relationship during the stressful times.

According to Sidell (1997 as cited in Feldman & Broussard, 2006), the unpredictability of the cancer experience leads to tangible challenges for couples. Similarly Nathan (1990) described the post-treatment remission phase as the "process of adapting to uncertainty". During that phase the person is in the process of integrating such a traumatic experience with preexisting meaning structures of the mind. This process may further include a reconstruction of self, finding a new meaning in close relationships and a new meaning in life (Laranjeira et al, 2013).

The literature shows that a chronic illness like cancer has an influence on both partners and the interpersonal context is an important domain for research. Thus the relational perspective in health psychology focuses on interactive regulation processes in close relationships.

The construct of "interactive regulation" takes its roots from "systems theory". Systems theory was conceptualized in a variety of fields like physics, physiology and biology in 1950s (Gerson, 1996). In medical science, a heuristic model was required to explain the interrelationship between the invader microorganisms and the host environment because the action of the invader

microorganisms was different depending on the interaction between the invader and the host. Von Bertalanffy (Gerson, 1996; Beebe and Lachmann, 2002) proposed a theory of open (essentially living) and closed (essentially inorganic) systems. He was basically interested in the self-organization of the organism as it develops towards increased integrity and self-direction. Gerson's (1996) emphasis was on transactions with the environment to maintain self-regulation. System's thinking has taught us two basic principles which have implications for both clinical psychology and health psychology. First; a system is organized in such a way that; a change in any part affects the whole system. Secondly; causality is circular and can be extended infinitely because there are infinite points of entry from the external environment (Gerson, 1996). According to Beebe and Lachmann (2002), a "systems approach shifted our thinking from a one-way to a two-way concept of interpersonal regulation in the dyad" (p.25). In that sense, we are both influencing and at the same time being influenced by our partner's words and behaviors.

Beebe and Lachmann (2002) suggest that self and interactive regulations are concurrent and reciprocal processes. Interactive regulation is also referred to as mutual regulation, bidirectional regulation and for co-constructed regulation. As Bonanno and Burton (2013) puts it; coping and emotion regulation theorists propose dynamic models to explain how people respond to and regulate themselves when they face aversive or challenging events. According to these models the person and the context continuously interact depending on the stressor and the emotion regulation ways of the person.

All these concepts are important in conceptualizing interactive regulation in the context of a marital stressor such as cancer. Cannon and Cavanaugh (1998), in their review of the health and family literature, focused on stress, chronic illness and

coping in the interpersonal context of marriage. According to them, the dynamic context of marriage is created by the interaction of the biopsychosocial functioning of each partner. Accordingly the perception of reality of each partner shapes and is shaped by the other. Their detailed review indicates that "marital functioning and quality are important to the well-being of each partner and the maintenance of the relationship during chronic illness" (Cannon & Cavanaugh, 1998; p. 407).

According to Corbin and Strauss (1984, as cited in Cannon & Cavanaugh, 1998) partners facing a chronic illness need collaboration which is associated with being able to talk about it openly and feeling increasing levels of relational closeness. This surely depends on the quality of pre-illness marital relationship and as a result as Badger (1992 as cited in Cannon and Cavanaugh, 1998) puts it "good marriages act as resources for effective coping and communication support" (p.410). O'Brien and DeLongis (1997) "the process of listening, acknowledging and expressing concern and affection in empathic responding fosters emotional relatedness which is integral to persistence in coping with chronic stress and the well-being of the marital subsystem" (p.412). Diamond (2013) further emphasizes the couple's neural systems that are in contact with each other. On the basis of neuroscientific data, he reminds that " the mirror neurons in the brain, in the parietal motor circuits, produce a neural matching mechanisms whereby the observer of another's actions is stimulated in the motor-neural pattern and the claim is that the affect accompanying the action is simultaneously evoked" (p.35). Thus he underlies the connection of our neural systems with each other while explaining interactive regulation.

In the case of a life threatening illness like cancer, both the patient and his/her partner use all kinds of resources to cope with their emotional suffering during different phases of a cancer treatment; diagnosis, treatment and post-treatment

phases. Studies indicate the effect of one's partner's affect regulation behaviors and ways of coping on one's ability to manage stress (Simpson, Rholes, Orina & Grich, 2002). In a similar vein, Fergus (2011) considers illness as a shared occurrence. According to him a serious illness like cancer affects the couple's intersubjective identity and the couple's identity influences their adjustment to cancer. In his qualitative study, the core category that emerged from his analysis was "rupture and repair of the couple's communal body" (Fergus, 2011, p. 100) which was defined by three domains. These were; coping and adjustment efforts of the partners, their relational resources and the implicit assumption that their union is permanent and experiential denial of their own mortality. In their study, Fergus and Gray (2009) found that cancer is a traumatic event that challenges the accommodation and assimilation processes of both partners. According to them, there is the potential of mutual growth for couples who overcome these challenges.

Chiang's (2011) qualitative study aimed at theoretically analyzing the chronically ill patients' perceptions of support and care from the main family caregiver. Their results indicated the importance of mutually being there with each other for both the patients and their main family caregiver. On the basis of their analysis, they consider both parties as an inseparable dyadic unit. Similarly, a comprehensive systematic search and narrative review of patient and basic care-giver experiences, reported that when the intervention included support for the patient and carer relationship, there was a significant improvement in emotional health of cancer patients (Hopkinson, Brown, Okamoto & Addington-Hall, 2012).

DeLongis and O'Brien (1990, as cited in Feldman&Broussard, 2006) emphasized the importance of the interpersonal processes of stress and coping. They described couples coping with chronic illness as "open systems". In a parallel vein

Bodenmann (1997 as cited in Feldman&Broussard, 2006) "stress is dyadic if it affects both partners and takes into consideration both verbal and nonverbal stress signals of one partner and the coping reactions of the other partner to these stress signals" (p.138).

In the case of breast cancer, the diagnosis, its following treatment and the post-treatment process pose a threat to a woman's existence, to her physical integrity and to the attachment bond between her and her partner. This threat does not disappear after the completion of treatment (Cordova, Andrykowski, Kenady, McGrath, Sloan & Redd, 1995; Baider, Andritsch, Goldzweig, Uziely, Ever-Hadani, Hofman, Krenn & Samonigg, 2004; Mehner & Koch, 2008; Tighe, Molassiotis, Morris & Richardson, 2011; Cebeci, Yangın & Tekeli, 2012; Brunet, Sabiston & Burke, 2013).

According to Bodenmann (1997 as cited in Feldman&Broussard, 2006), "with breast cancer couples, conceptualizing stress as dyadic provides a more accurate understanding of how the stress process systematically affects the couple dyad whereby the partner shares the stress burden of the patient and vice versa" (p.138). Wimberly, Carver & Antoni (2005) investigated the influences of perceived partner reaction to breast cancer on patients' well-being. According to their results; women's perceptions of their partners' emotional reactions after surgery, influence their sexual, marital and emotional adjustment a year after diagnosis. Kraemer (2011) for example, conducted a longitudinal study to examine couples' coping strategies as predictors of adjustment to breast cancer. Assessments were done first at an average of 10 months after diagnosis and secondly 20 months after diagnosis. Results showed that survivors' and partners' coping strategies interacted to affect their adjustment.

In a similar vein, Dorros, Card, Segrin & Badger (2010) examined the impact of interdependence in dyads living with breast cancer. The results highlighted the importance of close relational partners in a cancer-related context. They found that the interaction of high levels of depression coupled with high levels of stress in women with breast cancer was associated with lowered physical health and well-being in their partners. The authors also indicated the importance of taking partners into consideration while formulating psychosocial intervention programs for people diagnosed with cancer.

According to Rabinowitz (2002), the reports of separation or divorce after a cancer diagnosis, indicates the marital problems prior to diagnosis. He points to the fact that some couples' marital relationship gets better after diagnosis mostly because of the reprioritization of marital issues. In other words; depending on the quality of the marital relationship prior to diagnosis, some relationships may dissolve whereas some others may get better due to reprioritization of the marital issues (Rabinowitz, 2002; Cebeci et al, 2012).

Cebeci et al (2012) conducted a qualitative study in South Western Turkey. The aim was to understand life experiences of women with breast cancer. According to their results; "need for spouse support to cope with the disease" was among the major three themes that were derived from the study.

In another study with metastatic breast cancer patients, Badr, Carmack, Kashy & Cristofanilli (2010) reported that taking a "we" approach and more positive dyadic coping was mutually beneficial for patients and their male partners. Badr and Acitelli (2005) on the other hand, examined the effectiveness of talking about the relationship when one spouse has a chronic illness. Results indicated that talking about the spousal relationship was a useful tool to enhance their relationship during chronic

illness. Their findings highlighted the importance of having a relational focus while studying coping and adjustment problems in chronic illness.

1.2.5.3 Relational processes during the cancer trajectory: from relational coping to theoretical models of relational intimacy

Researchers in the field of clinical-health psychology suggest that experiencing a chronic illness from a shared "we" perspective is fundamental for intimate relationships (Skerrett, 2003; Badr and Acitelli, 2005; Kayser, Watson & Andrade, 2007; Rolland, 1994, 2018). According to Manne and Badr (2008) for example, intimacy requires reciprocal self-disclosure of concerns and feelings with partner responsiveness which means being understood, cared for and as feeling accepted by the partner. They further suggest that a couple level perspective considers the illness as something that happens to the couple, not separately to the patient and the partner. According to them the marital relationship is a resource for both partners during difficult times. They believe that it is very important to focus on the concept of intimacy between partners and to understand the basic relational processes that contribute to that concept. They propose a relationship intimacy model which brings social and clinical psychology literatures together. They identify relationship-enhancing behaviors such as reciprocal self-disclosure, partner responsiveness and relationship engagement as well as relationship compromising behaviors such as avoidance, criticism and pressure-withdraw. These processes directly influence couple's relationship intimacy which is related with the couple's relationship and psychological adaptation. This model is similar to Gottman's (1990) model of marital change which suggests that "couples may either engage in activities that bring them closer or they may engage in conflict and disagreement" (p. 77). According to them

if the individuals feel loved and respected during a disagreement, they will feel closer following a conflict and marital satisfaction will improve.

Weingarten (2003) indicates the importance of a “compassionate witness” who is able to hear the suffering and to listen deeply without judgment. Similarly, Frank suggests that “illness is an opening to become a dyadic unit, because the ill person’s suffering is both individual and also shared” (1997, p. 49). In order to relieve suffering, the struggling act of suffering begins. This act requires a “compassionate other” to confirm the suffering which then leads to creating meaning between two persons (Kahn & Steeves, 1980).

Weingarten (2013) proposes that partners in an intimate relationship need access to areas of concern and interest of the other partner in order to create meaning together. According to him, intimacy is being able to understand each other's emotional experience while not sharing the same experience at the same time.

Rolland (2018) on the other hand suggests that a partner's serious health condition challenges the relational rules and boundaries. According to him, "cancers in remission may not require daily care giving but the undercurrent of threatened loss can nonetheless permeate the couples' lives" (p. 242).

Researchers within the fields of clinical psychology and health psychology propose various models to define the relational processes in emotional subsystems like marital couples, close family members, partners.

1.2.5.3.1 Family systems illness model

Reiss, Steinglass & Howe (1993) for example propose a model of interaction between illness, the patient and family caregivers not only in terms of affect regulation but also in terms of psychological growth. They try to understand

adjustment or maladjustment to a chronic illness in terms of the needs of the family caregivers and the needs of its ill member. Therefore Reiss et al's (1993) model implies that adjustment to a chronic illness is not only a task of the individual member but also a task of the family system and/or spousal subsystem to counterbalance the needs of its ill member and the needs of its other member(s). They see the family as a system in a continuous process of development and transformation in the case of chronic illness. Their model further implies that such a crisis is an opportunity for psychological growth at both individual, spousal and/or familial levels.

Rolland's (1990, 1994) Family Systems-Illness Model on the other hand defines the relational processes in families facing a chronic illness. Family Systems Theory emphasizes interaction and context. In that respect, individual behavior is viewed within the context in which it occurs. The ongoing interactive patterns within the family and other systems are considered central in influencing individual behavior. Thus, a major health crisis affects the whole family as a functional unit and has an effect on all of its individual members. Overall, the family is considered as the basic resource for emotional support. He defines psychosocial adaptation and coping in terms of the fit between the psychological demands of the patient and the functioning style of the family. In physical illness, particularly a chronic and life threatening one, the primary focus is systemic according to this theory. In other words, the illness condition, individual and family processes and other biopsychosocial systems mutually influence each other (Engel, 1977). On that basis Rolland (2018) suggests that if the illness is defined as "my problem" and "my disorder", then the person places the illness within herself/himself with the result of an unequal and distant relationship. According to him if the illness condition is

considered as a shared relationship issue, then the couples feel empowered. Thus the psychosocial effects of the illness are acknowledged in "we" terms and both the physical and psychological difficulties are shared by both partners. As he further puts it:"Couples' intimacy functions within a comfort zone that evolves over their life cycle. Their relationship processes determine whether this comfort zone allows intimacy to grow with the seasons of life or to become constricted and erode. Like other life challenges illness and disability offer an opportunity for relationship growth and pose the risk of deterioration" (Rolland, 2018, p.242).

He further suggests that the definition of intimacy may change depending on the couples' economical status which may affect the priorities in their marital life. In other words; for a middle class couple intimacy may mean "sharing feelings, interests and a friendship" whereas for a working class couple the definition may change as "helping each other to survive economically, sharing responsibilities and protecting each other" (Rolland, 2018, p.242).

1.2.5.3.2 The relational competence theory

The Relational Competence Theory (RCT) changes the static and classified categories of psychiatric classification into "dynamic dimensions with relational meanings" (L'Abate &Cusinato, 2007). Accordingly RCT proposes a dimensional approach while evaluating personality and it defines functionality in terms of a balance between extremes on dimensions of relational styles, self-differentiation, selfhood, priorities, interactions, intimacy and negotiation.

Relational Competence Theory (RCT) aims at developing a more comprehensive classification of human relations. It tries to transform the systems paradigm of the 1960's. RCT proposes to elaborate and expand on a model of

intimacy which is defined as "sharing of joys and hurt feelings and fears of being hurt". The theory emphasizes the importance of being emotionally attuned and available, sharing concern, care and compassion in the "here and now" rather than in the past or the future (Young, 2004; Feeney, 2005).

RCT proposes a funnel model of intimacy defined as sharing joy as well as hurt feelings and fears of being hurt. According to this model, emotional support is not unidirectional; rather it is a reciprocal process in times of stress when the bottom line of human existence is found in hurt feelings and the fears of being hurt (L'Abate, Cusinato, Maino, Colesso & Scilletta, 2010). RCT emphasizes two basic constructs of the ability to love and the ability to self-regulate. The theory conceptualizes these two constructs as processual abilities rather than static traits. Accordingly, the theory suggests that these processual abilities may develop over time through the direct influence of intimate relationships. RCT further proposes two modalities of presence; being emotionally and instrumentally available to self and intimate others. L'Abate et al (2010) defines "being" as "the ability to be and become emotionally available and attuned to self and to intimate others without any need for performance, production, perfection or problem solving". It considers self-identity as an emergent construct which develops from interactions with intimates in close, committed, prolonged and interdependent relationships.

RCT criticizes theories which explain human interactions in terms of structural and abstract dimensions which are derived from paper and pencil, self-report tests. The theory rather derives these processual dimensions from direct observations of intimate relationships in natural settings or in laboratory environments.

1.3 The purpose of the present study

In the light of these discussions, the present study focused on couples' individual and relational processes when faced with the diagnosis of breast cancer. It aims at understanding the relational processes before and after the breast cancer experience, how the lived experience of breast cancer and ways of individual and dyadic coping are expressed in post-treatment narratives of a Turkish sample of breast cancer survivors and their male partners. It also aims at exploring how patients and their partners affect each other on both individual and relational levels during the post-treatment adjustment phase.

The present study tries to identify the ingredients of positively or negatively experienced marital relationships before and after the breast cancer experience. The researcher explored the conditions of relational growth or deterioration depending on the pre illness marital quality.

The present study adds a cultural variety to the existing body of literature by examining a sample of Turkish breast cancer survivors and their spouses. The researcher aimed at developing a model about relational processes before and after the breast cancer experience.

The present study uses Family Systems Illness Model (Rolland, 1994, 2018) and The Intimacy Model of the Relational Competence Theory (L'abate et al., 2010) as its analytical frame.

1.4 Research questions

I. What are the relational processes experienced by breast cancer survivors and their male partners in Turkey both before and after the cancer experience?

II. How do they cope with difficulties on individual and relational levels in their marital relationship both before and after the cancer experience?

III. What kind of individual and/or relational changes do breast cancer survivors and their male partners experience during the post-treatment adaptation and remission phases?

CHAPTER 2

METHODOLOGY

The present study used grounded theory framework and methodology. The reason for using this approach was twofold;

1. It brings an analytical perspective which helps to put forward a theoretical account in a newly explored research area that is the intrapersonal and interactive processes while coping with a life threatening illness in a sample of Turkish breast cancer survivors and their spouses.

2. It provides a guideline for an in-depth investigation of such processes in Turkish couples as they emerge in the respondents' narratives of their subjective experiences.

2.1 Qualitative research and grounded theory

According to Frank (1997, pg xi) "seriously ill people are wounded not just in body, but in voice". They need to tell their stories in order to restore themselves and through this storytelling they construct new perceptions of their relationship with the world. Similarly, Miczo (2003) suggests that any threat to established meanings of individual life evokes a narrative response. In other words; a traumatic event like cancer might drive the individual to construct her own story.

As Frank (1997, p. 3) puts it "Hearing traces of the body in the story is not easy. Understanding stories as told through the body requires another level of attention". Charmaz (1999) suggests that in order to reach an analytical meaning and explore the implicit, the researcher needs to listen and look for cues and then to pursue them. Thus, according to Mount, Boston and Cohen (2007) in order to have a better understanding of the subjective experiences and relationships in dynamic

social situations, researchers prefer qualitative methods. In a similar vein, Corbin and Strauss (2008) suggest that qualitative research helps the researcher to enter the inner experiences of participants and how meanings are constructed by them.

Little, Jordens, Paul, Montgomery and Phlipson (1998) propose that qualitative research of illness experience provides an instrument for education to help health workers in their understanding of subjective patient experiences of illness and their behavior accordingly. There are different types of doing qualitative research. The grounded theory method is one of five ways of doing qualitative research.

Grounded theory takes its roots from pragmatism and symbolic interactionism (Lyons & Cole, 2007). Symbolic interactionism assumes that human beings respond to the actions of others after interpreting these others' intentions and actions. According to this perspective, self and meaning are considered as processes (Charmaz, 1990). It specifies the emergent nature of self which never becomes a static final product.

A grounded theorist focuses on how participants construct their worlds. S/he starts with general research questions which are revisable throughout the research process. As the researcher gathers more data, s/he is able to refine his/her questions and check the developing theoretical categories. The grounded theory emphasis on process helps psychologists to study how intrapersonal and interpersonal processes develop, are maintained and/or changed.

There are various versions of grounded theory methodology (Charmaz, 1999; Corbin & Strauss, 2008; Lyons & Coyle, 2007). Charmaz's (1999) social-constructionist version of grounded theory considers the process of categorization as "dialectical and active" (p.1165). In other words; the observer's preferences shape the process and the outcome. According to this view, there is a continuous interaction

between the data and the researcher. The researcher is simultaneously involved in the process of data collection and analysis which aims at developing a theory.

In the grounded theory approach, the researcher starts with generating research questions about a research topic of interest. Then s/he continues collecting data about people who have relevant experience related to that topic. The analysis involves coding and categorizing the data. Coding is defined as the link between collecting data and developing an emergent theory which explains these data. According to Charmaz (2006), coding consists of two basic phases; the initial phase of line by line coding and focused coding. Line by line coding means naming each line of the transcribed data and defining the processes without a theoretical direction. This process gives insights to direct further inquiry. The later phase of focused coding means using the most frequent and/or significant initial codes to classify and organize the data for the purpose of reaching a conceptual and eventually a theoretical integration.

Focused coding necessitates deciding about the most analytically sensible initial codes. This process is more precise and selective than line by line coding. It serves to conceptualize and categorize the data completely. Strauss and Corbin (1990) use a third type of coding which is axial coding. Axial coding specifies the dimensions of a category and is defined as the process of relating categories to their subcategories while linking categories at the level of properties and dimensions. The analysis in the grounded theory method continues with the process of raising focused codes to conceptual categories. This process requires clarifying these categories and understanding the relationships between them. These categories may involve codes that were directly taken from the respondents' narratives and called as

"in vivo codes" or they may represent the researcher's own theoretical definition of the process in the data.

Memo-writing is the intermediate step between defining categories and the first writing of the completed analysis. It helps the researcher to further build, develop and clarify his/her categories while checking their applicability to the whole data. It breaks the categories into components while elaborating the codes. It is the narrative form of the researcher's developing ideas which clarifies and gives direction during coding. In other words; the grounded theory researcher analyses the data through memo-writing. S/he checks his/her emerging ideas and outlines them for further data collection. The researcher deepens his/her insights of developing theory by using his/her theoretical background and defines what is implicit and what is explicit in the data.

Theoretical sampling is the other step in grounded theory method. It means collecting more data to refine the key categories of the research with new respondents or going back to earlier respondents to ask new questions. This process helps the researcher to accurately describe his/her categories. The sampling is for developing a theory, not for correctly representing the population of concern. This process continues until the categories are saturated. In other words; the process ends when collecting new data no longer brings new insights (Charmaz, 1999). It is emphasized that the aim of theoretical sampling is to achieve data saturation. On the other hand, Polit and Beck (2008) put forward the idea that saturation can be achieved with a smaller sample size, if participants are able to reflect effectively on their experiences (as cited in Chiang, 2011).

Writing is the final step which clarifies and integrates the conceptual analysis. At this point, the researcher makes a thorough literature review and reworks on

his/her data accordingly. Literature review frames the study according to that literature and the researcher demonstrates where and how his/her theory fits. The process of the conceptual analysis is also explained while writing. The emergent theory is presented with the core category that emerged from the data and its relationship with other categories (Lyons & Coyle, 2007). The whole writing process aims at defining the essential properties, assumptions, relationships and processes while giving actual data to demonstrate how the analysis is grounded in participants' experiences. (Charmaz, 1999).

2.2 Participants

Participants (A total number of 22 cancer survivors and their male partners, 11 couples) were recruited from a private oncology clinic and from an oncology unit at a private hospital in Istanbul. Participants' medical records were used to identify women who meet the following inclusion criteria:

a) diagnosed with stage I, II or III A breast cancer, with no history of other cancer

b) who are willing to participate in the present study

c) who had undergone surgery and completed adjuvant treatment (chemotherapy and/or radiotherapy)

d) currently married

e) who are in the "extended survival" phase, defined as the period from the end of the first year following diagnosis until three years later when the probability of recurrence is greatest for most cancers

f) Who are within the age range of 30-65.

g) whose male partners (husbands) have no history of cancer and/or a current chronic disease

h) whose male partners (husbands) are willing to participate in the present study

The participants were coming from middle to high socio-demographic backgrounds (see the detailed socio-demographic information about the participants in Appendix A).

The study included two parts; the first part was individual interviews with the breast cancer survivors, the second part was individual interviews with their male partners.

After the conduction of each interview, each participant was provided a free psychological counseling session conducted by the researcher. The time and day of both the interviews and psychological consultation sessions were organized according to participants' schedules.

2.3 Interview and procedure

The present study started by asking those research questions:

1) What are the intrapersonal and interpersonal processes experienced by a small sample of breast cancer survivors and their male partners in Turkey both before and after the cancer experience?

2) How do they cope with difficulties on individual and relational levels before and after the cancer experience?

3) What kind of individual and/or relational changes do breast cancer survivors and their male partners experience during the post-treatment adaptation and remission phases?

In order to elaborate the topic area and to generate the questions of the semi-structured interview format of the study, a pilot study was conducted with two

couples who met the inclusion criteria stated above and who signed the informed consent form (see Appendix B for the English and Appendix C for theTurkish versions of the form). The pilot study included two parts; the first part was individual interviews with the two breast cancer survivors and the second part was individual interviews with their male partners (see Appendix D for the pilot study questions).

In order to recompense participants for their contribution to the study, each participant was given free psychological counseling one week after conducting the interview as written on their consent forms. On the basis of the pilot interviews, the final set of questions of the semi-structured interview format was generated (see Appendix E).

After the participants were recruited, individual interviews with each participant who met the criteria for inclusion as stated below and who signed the informed consent form were conducted by the researcher.

2.4 The qualitative analysis of the data

After the conductance of each individual interview, each participant's tape-recorded interview was transcribed verbatim into a written text form and those Microsoft Word documents were uploaded to MaxQDA12 software program.

The analysis of the interviews involved coding and categorizing the data. As discussed previously in this chapter; coding is defined as the link between collecting data and developing an emergent theory which explains these data. The analysis started by doing line by line coding for each interview on MaxQDA12 software program and simultaneously all the initial codes were transferred to Microsoft Excel. By doing line by line coding process, the researcher defined the processes by naming each process without considering any theoretical direction. This process was repeated

for the transcribed data of each one of the 22 participants. The total number of initial codes was counted as 3440 for all participants.

The researcher conducted the next step of focused coding during which she decided for the most frequent and analytically meaningful initial codes to categorize and conceptualize the whole data. These codes were distributed in terms of "relational processes over time". After the distribution process, 48 analytical paths over time dimension were found as before, during and after treatment covering all the 3440 codes. After defining these analytical paths, all initial codes were taken into the consideration in terms of their frequencies. The frequencies were counted for men, women and for couples separately. It was seen that all the initial codes with regard to during and after treatment period were overlapping. Thus the analysis continued on the basis of 2 different time dimensions; before and after the cancer experience. After classifying into 2 time dimensions, the number of analytical pathways (focused codes) decreased to 24. After the consolidation of the 24 analytical paths into the main codes, "focused coding" for women, men and couples were done. The analysis continued by combining focused codes for each couple and with the process of reaching to conceptual categories from focused codes.

Finally, the researcher clarified and integrated the conceptual analysis by defining the essential properties, assumptions, relationships between them and the processes while giving the actual data to demonstrate how the analysis was grounded in participant experiences.

CHAPTER 3

RESULTS

The aim of this research was to understand the individual and relational experiences of breast cancer survivors and their spouses by using a grounded theory analysis. The study started out with the basic research questions of how patients and their spouses affect each other through the cancer trajectory, how they coped and what they experienced both before and after the cancer diagnosis on an individual and relational basis.

The core categories to emerge from this qualitative analysis of the experiences of breast cancer survivors and their spouses before and after the diagnosis of cancer were three couple typologies: a harmonious/responsive relational processes, which was named "being we" couples; a conflictual relational processes, which was named "never feeling as we" couples; and a smooth transition from conflictual relational processes to more harmonious/responsive ones as a result of the cancer experience, which was named "becoming we" couples.

According to the results, each core category had reflections in three domains: relational processes as a couple, relational processes in their nuclear family life and relational processes with the families of origin. Each core category in all these three domains was defined by a number of subcategories. The distribution of focused codes for "being we" (see Appendix F), "becoming we" (see Appendix G) and "never feeling as we-conflictual relational processes over time" (see Appendix H) and "never feeling as we-diverging trajectories after the cancer experience" (see Appendix I) couples are demonstrated on figures. The results below will take each

core category and its defining subcategories in turn (x was used for the female, y was used the male partner for each numbered couple).

3.1 "Being we" couples

3.1.1 Experiencing harmonious/responsive relational processes as a couple

The results showed that couples 7, 8, 9, 10 and 11 reflected harmonious/responsive relational processes in their marital relationship. Both the men and women participants of these "we" couples reflected their perception of the quality of their relational processes as consistent through time regardless of their cancer experience. Qualitative analysis of these harmonious/responsive processes indicated many subcategories in "being we" couples' relational climate, which were; a feeling of close emotional bonding, being emotionally attentive for each other, enjoying togetherness as a twosome, having compatible perspectives about life and relationships, respecting each other, using their relational climate as the basic source of emotional support in times of distress, feeling sexual vitality with each other and/or enjoying close physical contact, making positive projections about their relational future, being open and transparent to each other in terms of their emotions and thoughts, feeling the physical and psychological presence of the partner. For some "being we" couples, although there was no expression of emotions, these women felt their spouses' psychological and physical presence during the course of the treatment. (see Appendix J for the original Turkish version of "being we" couples' narratives)

3.1.1.1 Close emotional bonding

The narratives of "we" couples reflected a strong feeling of relational intimacy. Both men and women participants seemed to be enthusiastic about verbalizing their love and affection for each other. These couples talked about feeling as a whole together. Feeling a deep trust and peace, wanting to be by each other as well as being good friends were the ingredients that defined their close emotional bonding for "we couples". 10x for example, underlined the trust and concern for each other in their marital relationship:

10x:"it is a relationship in which we manage to remain as comrades, as friends, do things together... how should I say, I trust 10y... like I know that he has my best interests at heart. And he knows that I also feel the same way about him."

Her spouse 10y expressed that they got married only after their relationship was settled:

"...and I believe that our relationship solidified during the 7 years friendship period. When we got married we already had the consensus… I believe that being married meant only living in the same house."

The husband in couple 11 emphasized his emotional experience of feeling complete with her in their marital relationship which he lacked in his previous relationships. He defined his relationship as the place to which he has a strong wish to come back every time he is away from her:

11y: "it is very nice to have a place that one really wants to go back to... I don't want to lose it because maybe that was the issue in my previous relation... my previous relationship lasted 10 years but it never got anywhere, I did not have that feeling of going back to a certain place... but I feel this way now and I don't want to lose it."

His wife 11x, similarly expressed her feelings about the nature of their partnership, how they have built up a close emotional bonding, mutual trust and

relational intimacy after a long period time of being close friends. Her narrative reflected the positive effect of knowing each other for a very long time on their marital relationship:

11x: “yes we have known each other for 25 years, we are very close. And we have been very close friends... the last 2-3 years of my previous bad relationship was a time that we spent talking with 11y… sharing… after which we decided that we could not be without each other... we got married”... “This was love, nothing else. Endless trust, endless peace, I mean being with him for me is I wouldn’t even care if the end of world came”...

3.1.1.2 Being emotionally attentive for each other

Being aware of and responsive to each other's emotional needs was another ingredient that came out of "being we" couples' narratives. For these couples, being responsive meant paying attention to each other in implicit and explicit ways such as; listening to each other, being perceptive about each other's emotional state and paying attention to nonverbal signs:

11y: “we’ve always been understanding, like we listened to each other”... “She knew what I was thinking about while I was driving… how she knew something would cross my mind like a breeze and she would catch that...”

His wife 11x similarly reflected the emotional attunement between each other during her treatment process:

"He does this... asks me right away what is on my mind… look.. if something is bothering you we will analyze and find it.. Please don’t keep it bottled in...”

8y defined emotional responsiveness as being patient, empathic as well as paying attention to the other's nonverbal signs: “some empathy, giving thought to the

other person umm once nerves escalate to keep quiet umm in general if one side humors the other it is solved whatever it is, if you really feel it and stay on the right side of someone it is solved."

His wife 8x reflected how she was very well aware of her spouse's private self which contained a hidden emotional inner world: "umm there is also this he never shows his feelings but deep down he has another world... umm and it is a very…very rich world..."

3.1.1.3 Being open and transparent to each other in terms of their thoughts and emotions

Both the male and female partners in "being we" couples reflected transparency in their communication patterns. Hiding feelings and thoughts was not an issue for them. Rather they were motivated to share all the negative and positive feelings both with regard to others/situations and to each other. In this way; they were able to create a positive "conflict resolution" atmosphere in their relational world. By doing so, they seemed to have no need for using individual ways of coping but rather stayed in the relationship in times of conflict.

11x:"talking.., talking... just to understand the situation... if I haven't been able to make it clear then look... it's like this... we've always done that.. We've never been cross with each other, it doesn't happen...because we know that if we don't talk... even the best things can be ruined..."

Another participant, 10y emphasized how talking everything together has been always therapeutic for them since they got married:

10y: "Sharing everything with each other, getting each other's opinion and it's something that we really like...like I said if we spend 2-3 days real busy and come

home late and do not sit down and talk, I literally feel the absence...so it’s like some kind of therapy for both of us”... “I mean of course we had problems but we sat down and sometimes it lasted too long to fix them...but we persistently talked and talked”.

3.1.1.4 Feeling the physical and psychological presence of the partner

For some "we" couples, although there was no open expression with regard to emotions about the diagnosis and treatment, the spouse of the breast cancer survivor was in charge of the whole treatment process and coped by being solution focused. In the case of couple 10, they did not disclose their difficult emotions with regard to cancer but they were compatible with each other about not sharing. One possible reason for this seemed to protect the spouse from feeling upset:

10x: " “because it’s something like this...I was also afraid to hurt 10y”...”yes 10y did not share...I’m not sure if I would prefer (answer to the question whether she would prefer to share or not)...because you know that it gets bigger as you speak about it...”

Her spouse 10y: “...I always thought that environment should be changed, speaking about it doesn’t make any sense...it’s a process, we will live it through and then it will be over...”... “Thinking solution- oriented you know, because when you began to talk and trouble yourself with that, you bring up things that are not even there...”

According to 7x it seemed to have felt her spouse's physical and psychological presence by his taking very good care of her. 7x defined her husband's physical and psychological support as "carrying her like his bag everywhere" and "taking care of her like his little child"; implying how he contained her emotionally throughout the treatment process.

In the case of couple 9, apart from being solution focused both husband and wife, seemed to have an implicit emotional sharing without any need to disclose. 9x

expressed her feelings about her spouse's physical and psychological presence by her side throughout the process. She talked about her clear observation of her spouse's crying by himself upon learning her diagnosis. This picture seemed to make her feel that they shared the same emotion as a couple. At that point it was their sorrow, not only hers or his individually. Their narratives showed that they implicitly transmitted their shared emotional state. Besides; hugging each other, being physically close to each other seemed to be enough for them to contain each other emotionally. The husband in the couple 9 reflected on his unspoken deep concern about his wife throughout the treatment process by keeping his sadness and anger from his wife due to his worry over her emotional reaction:

9y: "...but of course there were some outbursts time to time, some emotional outbursts...I mean sometimes we rebelled...sometimes we sat in the corner and cried...but most of the times we stayed strong beside my wife, so she did the same...I did the same...my son also did the same...".

3.1.1.5 Enjoying togetherness

The narratives of "being we" couples indicated another subcategory of harmonious/responsive relational processes as a couple; which was becoming good friends and enjoying life as twosome. The interesting thing was that; some "we" couples had a history of close friendship for a long time before they became lovers. They seemed to have benefited from knowing each other individually.

10x described the friendship between her and her spouse as "being best friends for each other":

"10y is my best friend in this life. I mean I don't have any closer friend. Of course I have really good friends but I don't have any friend that I share anything special..."

Similarly her spouse 10y expressed the unconditional presence of his wife: "Definitely you have someone on your side no matter what"

For the couple 8, enjoying life together had been another positive aspect of their relational climate. 8y (the man) emphasized the importance of being good friends and his narrative reflected their enthusiasm about spending relational time together:

8y:"...in our case I enjoyed spending time with her cause she was my best friend, which is quite rare in most marriages as far as I can see"... "I mean there is love, compassion but for example the person I enjoy the most spending time together is 8x...that's why for example you cannot last it with love and compassion, there will be fight then, when he/she is also your friend...that is a bit different"

His wife 8x similarly acknowledged their close friendship as follows:

8x: "...mmm… we got along really well as friends mmm... we have (had) a fact that we want(ed) same things, dream(t) same things, wanted to go to same vacation"... "We don't have to be very rich, we can travel around, grow old together hand in hand and may the one of us will not die before the other..."

3.1.1.6 Using their relationship as the basic source of emotional support in times of distress

For "we" couples; knowing that they can handle any crisis situation together as a couple, seemed to be their primary source of support in life. In other words; dyadic coping was a "built in" feature of their relational climate. Knowing that no one feels alone in stressful times was another ingredient of the harmonious/responsive relational processes of being "we".

In their case of couple 11, the female participant 11x expressed her feelings about the basic emotional support she got from their relational intimacy:

"...the one I hold on the most...the one I hold on the most is "us" again. We always say we, like we have this saying between us, being we"..... "Mm it's always like, yes this thing happens but we can fix it...we have many ways to fix it, we can make it right together".

The couple 8 underlined the value of coping together as a couple during the difficult times of 8x's treatment process:

8y: "no I think we definitely coped with this process as a couple...if everyone tries to cope by his/her own, I would hit the bottle. In that case, I would have occasionally hang out with girls, have coped on my own way and I would have come back to her again. She would have taken her mom by her side...it could have been coped that way as well. Probably there are people coping with the process like that...but we were together in this process and always coped together as a couple".

His wife 8x reflected her appreciation of 8y's love for her during the treatment process:

"....at that point the energy that 8y gave was incredible..."... "You know when there is that kind of love, there is this energy that comes to you".

3.1.1.7 Feeling sexual vitality and/or enjoying physical intimacy with each other

Some "we" couples expressed that they enjoyed close physical contact with each other even during the difficult times of the cancer treatment. When it comes to sexual attraction on the other hand; some women participants of "we" couples reflected a feeling of sexual vitality/feeling attraction for the partner whereas male participants emphasized more of a feeling of compassion for the partner after the treatment

process. Male participants seemed to give priority to their wives' emotional and physical well-being and they did not mention compromising on sexuality after the diagnosis.

10x: “I mean first of all, for example, I still get excited over 10y...he is very important to me...like especially when we will meet somewhere I still get excited before seeing him”.. “I go like he’s really attractive, like ooh he’s still really attractive… and so on”

10y: “she still says she has some extra weight but I don’t see any...”... “Like she’s charming...attractive…I frankly think she is”.

8y: “we hug a lot as well...like you can hug when you’re sick too, it’s okay. You can satisfy the need to touch”... “It never felt like oh she’s losing her hair, she’s ugly...I mean I don’t know, human brain does not code it like that...She thinks that I coded it that way, so she didn’t even showed me her hair for some time..Then I removed the wig...but it never looked bad to me...”

11x “...but he is so good like we are about to watch TV for example and he comes like...or when we were walking...he never leaves my hand....these are so important because this is mm how to say? You can’t enforce someone to do this...it means that he does it instinctively...for me as well...then I feel really happy to find reciprocity for that”.

3.1.1.8 Having compatible perspectives about life and relationships, respecting each other

Harmonious/responsive relational processes also showed that "being we" couples had compatible perspectives about life and relationships. They had similar ways of understanding and responding to social situations as well as demands from their

families of origin. Some "being we" couples further emphasized the feeling of respect and appreciation for the spouse's personality features, his/her ways of looking to problems and/or relating to others and his/her personal stance when they have relational conflicts. For example; couples 10 and 7, reflected their feelings of appreciation for each other as follows:

10x: "...also. I think he's very smart, I think he's a very intelligent guy. He gives me so much confidence...I always consult him before doing anything. His thoughts are incredibly important to me".

Her spouse 10y: "...also, she matters to me deeply...mm her language is not harsh it's soft, but she expresses herself like that and convinces you with that softness"... "I like her style a lot, not just her attitude towards me, also towards other people...like when we enter a society, she's really good at approaching people but also keeps her distance, her communication skills are very good".

7y:"...For me, 7x's her most beautiful characteristic is her honesty... besides she also has a generous heart"... "She's a straight-out person that comes from within...also the fact that she never lied, that she was an honest person was very important to me".

For some "being we" couples, having mutual loyalty and trust was underlined as an ingredient of their "being we" experience. Giving mutual priority to personal space as a shared life perspective was also specified by couple 8. 8y emphasized the importance of respecting each other's personal choices:

"I think those hold it together...in the long-run"... "...in the case of 8x, it's like when you say go out, blow off your steam, it's actually what keeps that relationship up for the long term".

Supporting her spouse's ideas, 8x also expressed her understanding of personal space:

"..Letting one free and not interfering, and not resenting for that because it's not like he/she does not want to be with me...I don't feel anything like that because after living that you feel greater love towards him/her..".

3.1.1.9 Making a positive projection about their relational future

The results of the qualitative analysis indicated that being hopeful and enthusiastic about their relational future was another subcategory of "being we" experience as a couple. This meant that these couples could talk about what their future held for them, their dreams of enjoying life and doing new things together and getting old together in peace:

10y:"...like we began to live in a healthier, peaceful way"... "..Traveling, seeing different places, different countries. We started doing things we never did before".

7x: "... let's travel...any place, any sight will be benefit".

Her spouse 7y: "...living a life together...in a quiet place..."... "Staying in one place and another, I want a quite life like that"....Fleeing away with 7x...traveling around, I want that kind of life".

11x: "...I'd like it to keep it that way"... "We will still grow, still learn a lot along the way".... "I want us to make use of the time well".

11y: "...I don't want to lose this (referring to their relationship)...I want it to flourish...maybe we will have kids...frankly, I would like to carry this current richness to further".

3.1.1.10 Experiencing a "positive relational expansion" after the diagnosis and through the treatment process

According to results, another subcategory of "being we"; was relational expansion for couple 11 and couple 7. This meant an increase in their relational quality and a new awareness on both individual and relational levels after experiencing the trauma of cancer together. The sense of expansion was described in the case of couples 11 and 7 as feeling more positive relationally and experiencing a sense of closeness more than before:

11x "...this brought me certain kind of self-awareness, like noticing some things within me and not postponing...or I was bothered...I felt sad when you said that to me… I began to talk about those things... "Our marriage is, like I don't know I think we are flourishing...this process is flourishing us...we were already beautiful"... "Like we are on this journey...and we are discovering these new things on our way..."... "He said I love living with you but I love living everything with you...it gives such a great strength… there is no way to describe it..."

11y: "...we already understood to each other, we listened to each other. Like… love relationship whatever, you know how they say it becomes routine after that process...at least we never experienced that routine..."

7y: "maybe we are more emotionally connected"... "personally, I might have got more intimate... it thought me to relate (to feel attached), maybe it thought me what partnership for life meant..." you get more gentle more loving after such an experience".

3.1.2 Feeling compatible and in harmony with each other in their nuclear family life

The results of the qualitative analysis revealed a second domain for the core category of "being we". Accordingly; harmonious/responsive relational processes of "being we" couples also included a sense of compatibility and mutual sharing in terms of

household and/or parental responsibilities both before and after the cancer experience. Female participants expressed their appreciation for their spouses' taking over all the household responsibilities during the treatment phase. Both men and women participants' statements reflected a sense of being in accord regarding their nuclear family life. For example, 9x talked about mutual sharing of everyday family life and parental responsibilities before cancer:

9x: “we took care of our son together during that process...‘cause we both work, we do the laundries on weekends..He hangs the clothes, helps me...like sweeps up and so”.

She also expressed how her spouse took over all the parental responsibilities from her during her treatment process:

9x: “he took care of our son a lot...like helping his homeworks or so. We always shared, did those things together. But during my illness process he took care of all that...”

10y similarly reflected his happiness regarding the family life together with his spouse and he also talked about how he took over her responsibilities during her treatment process:

10y: “like I am really happy to be with my wife...I’m happy to raise a child together...”..... “During that time, I took over the tasks such as taking our son to school, to training, picking him up from school and as such..Telling my business partners that I needed to take more actions regarding home...”

3.1.3 Setting clear boundaries and/or maintaining supportive relationships with both families of origin

Boundary setting with the families of origin was the third domain of harmonious/responsive relational processes of "being we" couples. It seemed that there was an implicit or explicit agreement about the relational boundaries with families and friends. For most of the "we couples", boundary setting meant; giving priority to their relational and individual time and space while placing families and friends relatively out of their primary circle of intimacy. During the treatment process, boundary setting meant doing everything as a couple, not rejecting or ignoring the support coming from families but being able to limit it when necessary by giving primary importance to the spouse's emotional needs. In the case of couple 11, for example; the primary circle of intimacy was defined as:

11x: "...if it wasn't for us, this process would have been way more different. I suppose it was right after the first surgery, my mom said 'what do you mean? (The results) can come out bad? Now they are more on the outside actually..."

Her spouse 11y expressed how he organized the family traffic and protected his wife from any possible non-supportive reactions of families of origin after her cancer diagnosis:

11y: "I didn't let my parents see 11x for a couple of weeks... I didn't even let them to speak with 11x...they will go oh dear! What a pity! If we tell them about surgery cancer etc."... "Cause neither my mom nor hers were gonna do good they would have had difficulty considering their age, also the psychology of this might have been bad for them...so I asked from my sister she came and following those 15 days no one else but her sister entered the house. I didn't even let her answer the phone, it was either me or my sister answering"...because she's facing something, she's already the one who's living it, explaining everything to other people on top of everything would exhaust her too much.."

For the couple 10; placing their families of origin outside their relational space was because of protecting their mothers from being upset:

10y: “her mom is an old and fragile lady...she felt the necessity to hide it from her...we didn’t let her family know too much through the whole process due to her request...we didn’t withdraw into ourselves. Our close circle knew everything...that’s why a lot of people wanted to be with us, pushing to come to chemotherapy sessions. We didn’t implicate anyone and went just the two of us”.

10x: “my mom doesn’t know either...I have two sisters, I’ve waited until my chemotherapy was over to tell them so that they could do their own checkups”... “10y assisted me all through my chemo sessions. I didn’t want anyone else to come with me anyway”.

In the case of couple 9, both wife and husband were able to set clear boundaries with their families of origin while at the same time maintaining supportive relationships in difficult times. 9x for example clearly stated that feeling the psychological and physical presence of both her spouse and both families of origin during the treatment phase has led her to cope better. She defined their support as giving continuous emotional support, visiting often and not leaving them all alone by themselves during the treatment process.

9x: “...we do everything together with my husband. Our families are very supportive as well. My parents...his parents...they are very good people...we have an older brother, my husband’s brother...his wife is incredibly skillful...we are very close with them emotionally...we were able to come through the whole process since everyone in the family was supportive”.

9y: “either with our family...I was sharing it with my brother (sister??)...they never left us alone. They constantly visited, called us, gave us moral support. They didn’t

leave alone. My parents didn’t leave us alone. So did our friends. They always gave their support”.

In sum, the results of the present study indicated that the harmonious/responsive relational processes of "being we" couples were reflected in basically three domains. The first domain was; experiencing harmonious and emotionally responsive relational processes in their relational climate. This meant; being relationally oriented in life, being motivated to be physically and psychologically close with each other, being transparent in their ways of communication and conflict resolution, not being prone to dissolve as a couple because of stressful times, being open to expand relationally which means feeling and functioning better both individually and relationally. Harmonious and emotionally responsive relational processes in their relational climate also included; mutual care, understanding and trust as well as knowing each other very well for a long time. Furthermore, the "being we" experience seemed to entail emotional and relational intimacy by sharing thoughts, feelings and the questions in their minds as well as enjoying physical intimacy. This required interactive and interdependent psychological processes on both individual and relational levels. According to qualitative analysis of "being we" couples' narratives, it can be concluded that these processes led into a gestalt of "we-ness" which was apparently more than the sum of their individual experiences with life.

The second domain of harmonious processes in their nuclear family life entailed each partner's taking full responsibility in their shared life routines and responsibilities as a natural outcome of their relational perspective in life.

The third domain was; being able to set clear boundaries while also maintaining positive relations with the families of origin. This meant; individuation

of both man's and woman's from their families of origin and having a relational ability in life. According to the results of the present study, setting clear boundaries also meant; feeling like a team together, giving importance and special care for their relational time and space while preserving the mutual understanding for each other's individual needs for personal time and space. The typology of "being we" indicated that setting clear boundaries with the families of origin seemed to be the basic feature that discriminated harmonious couples from conflictual ones.

3.2 "Becoming we" after the breast cancer experience: from conflictual times to more harmonious/responsive relational processes after the cancer experience

Two couples, couple 5 and couple 6, reflected a transition from a relational climate of conflicts to a more harmonious/responsive one after the cancer experience. Results indicated that these couples experienced a kind of post-traumatic relational growth. In other words; for these couples, the experience of cancer seemed to bring forth their positive feelings and their emotional bonding which under stressful times of their lives tended to reside in the shadow. The pre-cancer relational life of these couples seemed to involve individual and relational conflicts in two domains; their relational climate and their relationships with the families of origin. Interestingly, their relational conflicts were basically stemming from not being able to set clear boundaries with their families of origin and/or with their in-laws. This meant a developing sense of individuation in accordance with increased relational awareness. (see Appendix K for the original Turkish version of "becoming we" couples' narratives)

3.2.1 Experiencing stable but unsatisfactory marital relationship prior to the cancer experience

Participants of "becoming we" couples seemed to have experienced a sense of compromise in their marital relationship before the cancer diagnosis. They reported feeling emotionally and relationally distant such as; going apart from each other through years, not being able to talk about and solve their conflicts and not feeling as understood and supported during times of their individual stresses. Yet there was a difference in the narratives of men and women participants of "becoming we" couples. Qualitative analysis of women's' narratives reflected an emotional and relational distance for not being understood by the partner in conflictual times and feeling lonely. Their partners, on the other hand, defined their relational problem as not being able to understand their partners' emotional reactions and losing their positive relational quality by time.

For example, referring to their first basic conflictual time in their marital relationship, 6x expressed her anger about not being understood:

6x: "...in fact, I have a lot of anger...no, they couldn't understand. I include families in this...also my very close friends...and my husband...everyone saw something was wrong...they always said I should get support...I should but I don't know where to begin...I didn't had strength even to do that..."

6y: "...indeed, that process dragged the best time of our relationship down, we really went down. It went from both sides because I couldn't understand her style attitude; maybe we should've got professional help in that period".

5y on the other hand reflected how things had changed negatively after they started to share the same house and the same life:

5y: " “everything was normal after the marriage, it all started pretty normal but afterwards, I don’t know if it was knowing each other, when our true identities were revealed there the conflicts started....sometimes arguing with words sometimes screaming and shouting...”.

3.2.1.1 Experiencing problems because of families of origin

The problem in the relational quality of "becoming we" couples seemed to stem basically from the boundary problems with either the man's and/or woman's family of origin. 5y for example; reported having past conflicts in their relationship because of boundary issues with both families of origin such as; not being able to say "no" to both families in response to their demands of routine family visits every weekend. Neither the wife and nor the husband could set clear limits in favor of their own relational time and space during the weekends. Their priority as a couple was to make their families of origin happy rather than their individual and relational preferences:

5y: “....at the end it was our fault...we always say that....those people wanted to see us be happy...that was the basis...we were going as much as we could and never uttered a word...”

His wife 5x similarly reflected their regrets about boundary problems in the past:

5x: “in order not to break any hearts...now when we look at the past, it made us miserable...every Saturday Sunday, for completely unnecessary reasons...even when we were tired we tried to make time...other than that we never had anything personal...we were a compatible couple till the child was born...”.

This couple also reported having boundary problems with their families of origin after the birth of their first child and this problem affected not only their relational time and space but also their relational quality as well. 5y reported; how he felt outside the circle of his wife, his own mother and his mother in law after the birth of his first child. Losing both relational and individual privacy made him unhappy with the result of relational problems:

5y: "...the thing was, when the child was born, mom got too attentive over the child...there were times I felt alone...during those times, my mom became involved in, as well as my mother-in-law...I felt really empty at that point.."... "With the first child, I was very excited to stay, do something...but then my mom interferes...my mother-in-law interferes...like that's not how you bath a child...as if I have no involvement...as if I am outside..".

On the other hand, for couple 6, the husband 6y defined the boundary problem differently. In their case, there was no boundary problem with the husband's family of origin; rather the problem was with the wife's family of origin since they did not give the support this couple needed during the most stressful times. Both the man's and the woman's narratives revealed a disproportional relationship between the wife and her family of origin in terms of the given and taken emotional and instrumental support. According to 6y this meant; his wife did not give priority to her personal and relational needs when it came to the demands of her family of origin while on the other hand, she was never supported in her stressful times, especially during her post-partum period when she was all alone with child care and housework. Besides, during her treatment process she did not get the instrumental support she needed at most.

6y: “6x got pregnant...birth etc. afterwards it was the hardest times...she sent her mom away ...because she thinks about everyone but herself not to exhaust her mother...not to give any hard time for her mother...all because of this ‘I can take care of myself I’m strong’...because she did this all her life...because she always took care of her mother...because exactly at that moment we couldn’t get my mom’s support that much..Like locking herself in the house and so on...”

6x: “...I’m not someone who easily asks for help. Not even just help, I cannot ask for anything. I still can’t...I need to learn. But I couldn’t do it at all during those moments.” “I was psychologically exhausted. Something inside me tells me to ask for help but I can’t. Like I couldn’t utter the words...for example organizing the family to get them look after the kid while we go out for couple of hours...but I really needed some help at that time. I had a difficult process, I had a really difficult process”...

3.2.2 Harmonious/responsive relational processes after the cancer experience

3.2.2.1 Changing individual and relational priorities

For "becoming we" couples, it seemed that there was a transition from placing others at the center of their lives to giving primary importance to their relationship. In other words; both men and women participants of "becoming we" couples changed their priorities for the benefit of their relationship after the cancer diagnosis as a result of an increase in their relational awareness. The qualitative analysis of the data showed that the basic change in their individual and relational priorities; was being able to set clear boundaries with both families of origin. This kind of a change seemed to affect their relational quality positively and contributed to a new bonding as "we". The wife (5x) in the couple 5, for example described how setting clear limits on her family led

to a positive change on both relational and individual levels after the cancer experience:

5x: "…in order not to hurt them(families of origin) we made each other(referring to her relationship) miserable…now we speak about this with my husband…we never experienced problems because of each other ....we were a compatible couple…never suffered from something that came from our personal issues ..For me, I think it (the relationship) was more positive after the disease...maybe I got a bit more selfish...maybe that's what is suppose to happen...now I have clear boundaries..I didn't have at that time..."..... "Now I do it because it makes me feel better...if I'm tired I learned to say no...I draw my lines better now..."

In the case of couple 6, the woman's (6x's) individual change in her ways of relating to her husband included; learning to disclose difficult emotions to him while setting personal and relational boundaries with others. Such a personal change in turn seemed to contribute to a new sense of increased emotional bonding with the spouse. 6x expressed the change in their relational boundaries and the positive change in their emotional bonding as follows:

6x: "I think I want this now like we have to be we first, no more parents no more siblings no more friends, I want us to do something because we want to do". "For example his family use to come by unexpectedly, that wasn't a big issue for him...like he didn't cared as much as I did...mmm....but now he saw that it was a problem for me and he began expressing this to them..".

6x also emphasized the importance of 6y's using a "we" language while talking about her diagnosis:

6x: "...cancer caught us again...that was a really small detail but...I never told this to him...whenever he was speaking about it he said cancer caught us. He never said 6x got cancer again for example".

3.2.2.2 Having a new understanding about their "relational wealth"

For "becoming we" couples, the cancer treatment process led to a new understanding about their "relational wealth". This meant that the women realized that their husbands were the source of their emotional support. On the other hand, the husbands' developed increased relational awareness based on a fear of losing his wife. For example, getting the basic emotional support from their relational climate and experiencing a deeper emotional bonding during the treatment process was a new learning for 6x. She reflected her strong feelings of relational intimacy and appreciation of his presence in her life:

6x: "...we realized that we don't have anyone else beside each other actually...like even my mom...the person who gave birth to me, who raised me....she's not as close to me as my husband right now..I'm like that too....simply put, whom you can be that transparent with...I see all of you...you see all of me...there's no person who is closer to us but us..".

Her husband 6y, supporting his wife's new understanding about the strength of their relationship, expressed similar feelings:

6y: "...because I think this bonding we have is such a thing...it explains everything"... "...this love is based on...on this desire to be together, that is obvious..., we had amazing times...we also had really though times...got stronger..."

The couple 5 experienced a similar rebinding. The narratives of this couple revealed more emotional awareness on the husband side whereas the wife's reflected

a more rational one. For example, 5x reported that her spouse started to share more of household responsibilities after her cancer experience. 5x reflected her spouse's increased responsibility and contribution to their nuclear family life:

5x: "God bless him, there is positive effects regarding his support for me his contribution to the house"... "Like he helped me a lot with the house...cooked..."... "..He took care of me really well...he really eased my life...he tries to give all kinds of support to me..."... "I think it was more positive after the disease...I say this regarding my husband..."

On the other hand, her husband had not realized his strong emotional ties to his wife because of the stressful times in their marital relationship. But the fear of losing her after the cancer diagnosis led him to feel regrets about their past conflicts. He changed his priorities and became more focused on his wife's emotional and physical well-being. 5y clearly identified the positive change in their relationship as turning inwards as a nuclear family, feeling hopeful and enthusiastic about their relational future as well as enjoying life with their children. 5y also supported and appreciated his wife's positive individual change by taking her personal time and space as well as increasing her social network.

5y: "...I was really afraid...I was afraid because I love her...not because I will stay with kids by myself, what would I do...just the fear of losing her made me miserable"... "I think it was mostly these events that connected us more....such shallow things we were mad at, such meaningless fights we did...I think it was more about the emotional bonding...I feel I am more emotionally connected.."

"...in fact she's going to yoga now she began to care more about her social life which I was telling her and supporting such matters since the very beginning. Everyone has certain things to do for herself/himself...she started doing those".

3.2.2.3 Keeping feelings of loyalty and trust solid during the course of the illness

According to 6x; feeling exhausted and sick throughout the treatment process was an issue in terms of her self-perception as an unhealthy woman and her perception of her spouse as a young man compromising on his quality of life and sexuality. But, she expressed that during the difficult times of her treatment process her husband kept her feelings of loyalty and trust solid. She talked about her feelings of trust towards him. Besides; she also reflected her feelings about being emotionally contained by her spouse during the difficult times of the treatment process and afterwards:

6x: “for example I never thought he was cheating on me...he never gave me that impression...”, “...I was thinking, a young person coming home and seeing his wife as constantly sick and lying in bed..Mm it’s pretty normal...but he never did that...he said "would you do that if it happened to me?"

Her spouse 6y's narrative supported her feelings about trust and emotional containment:

6y: “...I’m telling her, I’m saying... didn’t I make a promise to you when we got married... I said in sickness and health...ours fit to that perfectly...if the same thing happened to me....would you leave me?....I said you would not...if that (referring to their sexual life) ends, you would not leave me because our bonding is like that..It’s in relation to that...it’s not that simple...”

3.2.2.4 Feeling compassionate and sensitive during and after her treatment process

The sexual relationship for male participants of "becoming we" couples seemed to have never been a priority both during and after the course of the illness; rather

feelings of compassion, having the intension of not hurting her and considering her physical and psychological well-being were more important.

5y: "we had a regular order regarding sexual life....of course it has been disturbed after the disease but...I will always be with her whenever she feels happy and comfortable..."... "Mmm I let her feel free, whatever happens is under her initiative..."

His wife 5x reflected her feelings about her spouse's positive attitude which in turn affected their relational quality after the diagnosis:

5x: "thanks god my husband's approach never let me feel the absence of breast in any sense...". "I believe our relationship is a process which getting much better day by day.".

6y on the other hand reflected his feelings of compassion and protection during her treatment process while preserving their close physical contact with each other. He expressed how he changed his priorities in their sexual life without any feelings of compromise:

6y: "...not thinking anything related with sexuality during those 6 months was easy on my behalf....only there is more protecting instinct....I'm just thinking not to hurt her.."... "...you cannot hug tightly of course but at least that hugging kissing etc. is still there it doesn't end...but I believe that psychical part should go slower..."

3.2.2.5 Harmonious/responsive relational processes in their nuclear family life after diagnosis

For "becoming we" couples, post cancer awareness of having a good life as a nuclear family was another domain. These couples had the basic motivation to have a fulfilling and healthy life with their spouses and child(ren) and they came out better

in terms of sharing life and responsibilities after the cancer experience. In other words; rediscovering the value of their nuclear family life, reflected their relational growth on a another domain which was; nuclear family life.

3.2.2.5.1 Being positive and enthusiastic about their relational future

Both partners of "becoming we" couples reflected a sense of becoming aware of and enjoying their partnership as well as their nuclear family life. They expressed their increasing motivation about their relational future. For example; 5x talked about her increasing motivation for enjoying life with her nuclear family:

"We sat down with 5y, calculated our finance and decided to go, we also asked children...we said; X city on June....Y city on winter break...kids were very happy...I said that's life! We had the chance to experience all that...now I saw that there are things you cannot skip..."

Her spouse 5y expressed his deep emotional bonding with his wife and strong motivation about their nuclear family life:

5y: "...from now on...when I dream...I dream of a life where I can be with my wife again where my children can grow up go to school...and where I can be happy till the end..It can be a house with pink shutters...or a tent with pink shutters...as long as we are together..."

6y reflected his strong motivation for their family life together while making projections about their relational future:

6y: "...we saw that we can make that kind of weekend getaways...get away from here a bit...some fresh air, calm environment, because we both love those worlds..".

His wife 6x similarly expressed her positive feelings about her spouse's change for making outdoor plans with her after the cancer experience:

6x: “...for example he never locked me inside the house...like let’s go out and get some fresh air...he’s asking where do you wanna go for example.....whatever you want to do, just organize it and tell me c’mon 6y let’s go..Like he began telling me this...I did that this weekend...I said we’re going...he said okay”

In sum, for the "becoming we" couples, the cancer diagnosis and the treatment process seemed to be a landmark in their lives which resulted in a relational growth basically in two domains. The first one was their relational climate. These couples became aware of their relational wealth as a couple. This meant developing a new understanding about their past conflicts and experiencing a more relationally oriented life as a couple after the traumatic experience of cancer. Both men and women participants of "becoming we" couples have reorganized their individual priorities. In other words; they were able to set clear boundaries with the families of origin by learning to say "no", while at the same time changing their individual priorities with the result of an increase in their relational quality.

Secondly; their increasing relational awareness affected their nuclear family life in a positive way. This meant these couples showed an increased motivation about enjoying life as a nuclear family.

3.3 "Never feeling as we" couples

The results of the present qualitative study showed that there were two subcategories of the third core category of "never feeling as we "couples. One was; "conflictual and the second one was "diverging trajectories after the cancer experience"

3.3.1 "Never feeling as we" couples: conflictual relational proceses over time

The qualitative analysis further revealed that some couples experienced conflictual relational processes consistently through time. In other words; these couples were experiencing conflicts in many areas both before and after the cancer experience. For these couples, such a traumatic experience seemed to have had no positive effect in their conflictual relational climate. According to the results, "never feeling as we" couples were experiencing conflictual relational processes basically in three domains; their relational climate as a couple, nuclear family life and in relationships with both families of origin. (see Appendix L for the original Turkish version of the narratives from "never feeling as we" couples: conflictual relational processes over time)

3.3.1.1 Conflictual processes in the couple's relational climate

The qualitative analysis of the data showed that the conflictual relational processes of "never feeling as we" couples, had a number of sub-categories which were experiencing emotional/relational distance, individual coping as a result of their relational climate or as a result of personal choice, not being open and transparent about their emotions and thoughts, having different perspectives about life and relationships, feeling hopeless/pessimistic about their relational future and compromising on sexuality.

3.3.1.1.1 Experiencing emotional/relational distance

Experiencing emotional/relational distance for these "never feeling as we" couples, meant unmet expectations from each other, not having any belief that they could cope together with any difficulties in life, unexpressed and accumulated anger and

sadness in their relational climate and neither feeling as being understood by the partner or being able to understand him/her.

For example, the wife in the couple 1 expressed her unmet expectations:

1x: "...well I have clear expectations from my husband now, he knows that as well. Like I'm expecting him to take care of the family like my dad..."... "You know how they say man goes outside hunting, woman takes care of home? ...I'm like in that state; I don't want to fight outside anymore".

In a parallel vein, her spouse 1y told of his ongoing unhappiness, discouragement and relational distance in their marital relationship, including thoughts of divorce:

1y: "....from time to time I think how being single will be good for me too...and like in a serious way.....especially when I find myself feeling stuck in some moments....I always thought I would get a divorce if there were no kids.."..... "We cannot survive a crisis of unemployment...she would divorce me"... "..Like I cannot explain to you how awful I fell...I'm very sorry...there is no way that I can solve this situation...I'm also getting frustrated. She is also exhausting herself...she's getting incredibly sad...as she gets sad she's constantly picking a fight from these events.."... "..She saw me as marriage material, she was not in love...I don't think she was in love with me...mm I married purely for love..."

The wife in couple 2 expressed her feelings of emotional/relational distance and lack of understanding in their marriage:

2x: "...well the truth be told, I sometimes say that too...neither you can understand what I want and address that, nor I can understand what you want and address. We cannot communicate with each other..."

3.3.1.1.2 Individual coping as a result of the relational climate or as a result of personal choice

When it came to ways of coping with difficulties in life, these couples showed patterns of individual coping rather than coping together, either as a result of their relational climate or due to personal choice. For example; 1y stated that the reasons behind his individual ways of coping and conflict resolution were due to the relational climate in the marriage:

1y: "...I used to bottle up my emotions...later I began not to do that...but still I didn't tell everything or again, everything I thought....at one point I stopped...because I'm always aware that if I make a big deal of it, it will only get bigger...At the point where one of us was suppose to hold their tongue, at the end I chose to be that side again..It's still like that..."... "actually rather than this cancer, her with that situation and what were going to experience created bigger anxiety on me than her having cancer.."... "I believe I don't let her feel what I actually go through inside...."

His wife, 1x on the other hand, chose to cope individually while considering the cancer treatment process as her own project in which she has to succeed by herself:

1x: ""well it's yours at the end, it's specific to me...I searched for my doctors by myself...I went to some with my mom...I couldn't go to all of them with my husband..."... "Like it didn't happen with my husband...like yeah we're okay, for help mm I was like, think about it as a project...my project..."

On the other hand, the wife in the couple 2 believed that her spouse compromised on his own life by giving his full instrumental support during the course of the illness. She was appreciative of her spouse's instrumental support but reflecting her appreciation by relegating herself. She seemed to perceive her illness

as an emotional burden for her spouse and felt no other man would have stayed with a sick person like her during the difficult times of her treatment process:

2x: “...he got full control of the situation, all that coordination, management, finance, everything...he took charge of everything...I didn’t take care of anything...I didn’t even get any appointments, I mean I couldn’t...if it was up to me I wouldn’t even bother to get one, I would just leave it...”..... “He never said a word...I don’t know if he was someone else, maybe he would say I had enough of your disease, you’re suffocating me, I'm done... I’m leaving...”

2x reflected on her individual coping in terms of not showing her emotions to her spouse and trying to continue life by her own individual effort:

“I mean the whole balance was upside down...body gets upside down...and it’s not easy to recover actually...there is always this struggle, you’re fighting with yourself to be normal again...to continue life without letting your children and your husband notice anything...”

3.3.1.1.3 Not being open and transparent to each other about their emotions and thoughts

Another subcategory of conflictual relational processes for "never feeling as we" couples; was not being able to talk explicitly about their emotions and thoughts. The narratives of these couples further showed that there was no implicit understanding or feeling each other's psychological presence as was observed in "we" couples. 1y for example reflected a tendency not to disclose himself emotionally because of his wife's possible reactions:

1y: “because I cannot explicitly tell her these feelings and how I think about her, it’s not possible...she would be really upset if I told her...she wouldn't accept”.

For couple 2, there was an incompatibility in the way they regulated emotions. 2x was impulsive rather than expressing her emotions verbally whereas her spouse 2y preferred to live his emotions inside. This eventually leads to unresolved emotional conflicts between them.

2x: “...he doesn’t express his emotions, or maybe I don’t even get what he feels...he lives everything inside while I speak non-stop, when I tell him (how I feel) he just nods”.

2x also referred to the cancer treatment process and related that she did not get from him what she wanted emotionally, how incompatible they were in terms of their emotional expectations from each other:

2x: “...I wanted...I wanted to hear..."I cannot do without you, without you I’m nothing". Whatever happens, you must stay with me, I wanted to hear all that but he didn’t act as such...”... “I swear he lived everything inside, he was extremely calm...I compare him to a hitman...coldblooded ...”

Her spouse 2y was hesitant about emotional sharing and did not see the habit of mutual sharing of emotions as a part of men's behavioral repertoire in general. In this way he was rationalizing the habit of "not sharing" as if it was a general choice of men while defining himself by taking "we as men", not "we; as me and my wife" as a reference:

2y: “...well first of all, sharing everything is, like I said it’s not easy for men. Us... men cannot manage to do those things. Not even your best friend wants to open this subject. We just cannot do that kind of conversation...mm...Very small...I did speak with my friends but like they are not super deep conversations...it’s negative energy at the end, an unpleasant subject...so yeah, I didn’t speak that much..”.

When 2x was asked if she ever shared the things that made her very upset and feel lonely with her spouse, her response reflected her disregard of her deep emotions:

2x: “...maybe not that openly but I occasionally tell him what comes to my mind but like I’m not that aware either”... “..I would probably cry if I spoke with him...I don’t know my ideas can be a bit...mm...A bit stupid for him...”

When asked about the effect of the cancer experience on their relationship in terms of conflict resolution, 2y was open about the effects:

2y: “...of course it effected...I would be lying if I said it didn’t...it did, like if nothing else, there is a serious physical breakdown...mm there is a serious psychological breakdown.....so of course there has been disputes, etc...Like I think that argument thing has risen..We didn’t used to argue that much...especially me, I never extended like this...now we argue more easily...”

3.3.1.1.4 Having different perspectives about life and relationships

"Never feeling as we" couples addressed the basic differences in their ways of approaching life and relationships both on individual and relational levels. They referred to differences in terms of family backgrounds such as the differences in the way they were raised. For example 2x expressed their personal differences which came out after they got married:

2x: “I don't know, like families we were raised in do not match...manners don’t match...even our humor doesn't match...”... “That is to say, when business turns into marriage it doesn’t match...”

The other woman participant 1x expressed the differences in the ways they were raised by their parents:

1x:“They appreciate really hard, like when you get seven, eight they ask you why didn't you get 10?.....like lets save money cause our future and blah blah, and then like there is a family gathering, our relatives come, they praise their own kids. Mine is the opposite....always looking for better”.... “What else can I say? Like also there was no music in our life. For example 1y listens to music a lot, it’s more related to how you were raised in your family, there was nothing about art (in mine). Also, mine was in a small place”..... “There is like this screaming and etc. However there was these things that I didn’t liked about my husband; collecting like for example I resolve it at that moment and I open up, he for example collects something during a fight and perceives different, things like that”.... “Those pressures that I received from my family actually strengthen that part of me, like there are different alternatives, what might be the different scenarios, how can we achieve that. Like me, I usually try to the end.....he gives up more easily. If he gets angry with someone, he doesn’t show, he’s more patient, more soft, more like that”.

Her spouse 1y approached the differences in their familial backgrounds with regard to the importance of material means:

1y:“Mmm for example her mom pays a lot of attention to how much money you get, how much money they get, you are doing this business here but how much are you actually earning, like extremely materialistic. But for me for example, I don’t know how much money my dad earns. My mom doesn’t know my salary, it’s the opposite in my family, we don’t give much attention to money”.

1y also reflected the differences in ways of approaching conflicts in their marital relationship:

1y: “There is a lot more that I keep inside”.... “..It builds up but I also look for the right time. I’m looking for a state of mind where I can speak more calmly. I don’t want to have a conflict. I don’t like to have conflicts”.

The participant 2y reflected some positive effects of the cancer experience only on an individual basis; in terms of changing priorities in his life:

2y: “...beside from that I also realized that yeah I create time for my family but I realized that I was not creating any time for myself”... “There was a time I was seriously depressed...I said to myself...I have to get out of this...then I said....you had things you liked...you don’t have them now..You must put them back in your life...”

2y also talked about his observations with regard to his wife's need for personal space and time after the cancer experience. Although he seemed to acknowledge her need to do something for herself, he seemed to take an individual stance and look at this need as her personal issue rather than a relational one:

2y: “...2x...mm she has things she instructs to herself to create personal space.....she says things like I will do exercise and things like that...her mom is with her right now...she had couple of attempts but let's see if she can continue..I hope...last week she went and got sick...now she got the flu...gave a break...she has to do it...”

3.3.1.1.5 Feeling pessimistic about their relational future

Another sub-category that defined "never feeling as we" couples' conflictual relational processes in their relational climate; was feeling pessimistic and hopeless about their joint future. For example; 1y revealed his wishes for understanding from his wife while feeling hopeless about her response:

1y: “well my expectation is; I would be happy with a happy 1x anyway.mm my only expectation is to have a relationship that I would be happy...I want a woman in my

life who's gonna accept me in all aspects, who would accept every amount of money I earn who won't judge me....but if you ask me what is your hope about that I am afraid to give an answer to whether if I have too much hopes or not maybe. I also think I cannot carry 1x in that mental state...I don't know how long I can continue to carry..."

Similarly his wife 1x also reflected her feelings of hopelessness about their joint future and focusing on personal choices:

1x: "...women shouldn't push things...like if it's not working with your husband, don't push it, if it's not working with your job, don't push it....they must create time for themselves...like feel that you are worthy and that mm..Like don't beat yourself up that much..."

When the question was his projection about their relational future, 2y chose to make general statements rather than focusing on his personal wishes:

2y: "you are asking me questions I never thought about...isn't it happiness that I'm looking for at the end? If we could go back to those times where life was easy, where we were able to enjoy, that would be enough for me...I hope we can come to that..."

3.3.1.1.6 Compromising on sexuality

Conflictual relational processes with regard to sexuality were also reflected in the narratives of "never feeling as we" couples regardless of their cancer experience. Women reported that they did not feel themselves as sexually attractive to their spouses. For couple 2, for example, the wife reflected on her feelings about sexuality both before and after the cancer experience:

2x: "...I wasn't that type of person before the disease anyway. It was not my cup of tea. And it seems like there's not much left thanks to the medications..."... "We

became buddies...buddies at last...and the medications...you don’t feel good at all both psychologically and physically...like 2y I swear second wife is free(??), you can go now, it’s your right, I’m drained to even get angry at you..”.

1x on the other hand indicated the negative effects of the cancer treatment and surgery on their sexual life in general terms, avoiding clear statements:

1x: “I mean we never...like of course you’re not in any way able to think about those things in that time...”... “Well you know normally we were good...of course due to the recovery process it got effected quiet heavily...because of that, well mm things like that yeah, but it turned back to normal..”.

When she was asked about feelings of compassion and tenderness in their relationship during the course of her treatment she reported no such memories:

1x: “...I don’t remember at all...I don’t remember...like the most thing I remember is that people could ask me that (referring to people asking how it affected their sexual life)

3.3.1.2 Conflictual relational processes within their nuclear family life

3.3.1.2.1 Living a child-focused life

Living only a child-focused life and not finding the time and energy for private time and relational space was reported by "never feeling as we" couples. For the case of couple 2, the strong emotion both the man and woman brought up in their narratives were "feeling tired". For 2x; their relational climate turned into only friendship and sharing of parental responsibilities after the birth of their first child. Her narrative indicated how they got used to a child-focused and asexual life since then and neither her not he brought any need or demand for individual and relational time and space. She also reflected that she compromised in her quality of life:

2x: "...but how was our life after our son was born? ...we became buddies, we became friends we can barely manage them anyway...we are already tired we fall asleep...it's not like let's go out have a dinner, be alone together and do something...".

Her spouse 2y expressed their relational climate since the birth of their first child in a similar vein. His narrative reflected a feeling of compromise in their relational quality:

2y: ".....of course we have less time we spent with each other. It still is. There was this time, we managed to go to cinema together after years. For example, that felt really good for both of us. So like I said, when you cannot get any support with kids' care etc...Mm it gets more child focused. It's like that, that's how it effects...there's no change in anything towards each other maybe there's no decrease in love and respect but we can spare so little time to each other".

On the other hand, the wife in couple 1 predominantly revealed her anger while she was talking about the period after the birth of their first child. The dilemma of having to work and neither being able take care of her kids nor having her personal time and space, resulted in feeling angry both towards her work site as well as her relationship. Her narrative indicated how she was still not able to solve this dilemma and how she could never get the financial support from her spouse for having the luxury of not working:

1x: "....There I am, coming home late, cannot take care of the children, anger anger anger, like I've been through that a lot. I'm sitting at work, working till twelve, one, then I arrive home and cannot see the kid. Then I go to work again the next morning and it's like that..."...." "1y told me this: well yeah okay don't work but then abide to what I bring home, you should accept that, and that I couldn't dare to do that. Cause

at the end, it’s Istanbul you want to live under certain conditions. Kids, their school expenses, it’s quiet big for the moment and so on. Anyway years passed by like that. I’m still in the same state”.

Previously in her story, she also talked about "feeling like a man" not as a woman in her relationship because of her intense and stressful working conditions and of her responsibilities at home:

1x: “...I began to feel a lot like a man...work all day come home late...both the shopping for the house... etc...And looking after kids’ needs...so when you go around giving orders it’s a bit bossy, I started showing it to 1y..Actually I wanted him to think a lot too...there were things he didn’t think about...”

3.3.1.2.2 Not having a feeling of a shared life

Basically the feeling of not having a shared life with the partner dominated these women's narratives. 2x's understanding of having a shared life with the spouse meant sharing household and parental responsibilities whereas for 1x; it meant solving her dilemma of long working hours, by not compromising on living a wealthy life with the help of her spouse's strong financial support for their family. Both women reflected their hopelessness for different reasons:

2x: “...this considerate thinking of mine made his life easy for the past 15 years...it’s all my worries...he never had any worry...sometimes I tell him you come here as if it was a hotel, you come sit and go..He doesn’t give much support when it comes to housework...”

1x: “well I’m like more active. Like I don’t know, I was getting bored of work and searching some stuff. During that time I felt like he was not searching. So I put a lot of pressure in that matter. Like how about you search for that thing as a second job,

search for this and that and he didn’t tell me a lot but I suppose he was not searching...”

Men participants of "never feeling as we" couples on the other hand, revealed different dynamics in sharing responsibilities with their wifes. 1y's narrative revealed a sense of sharing household and parental responsibilities such as taking turns looking after their kids and sharing all the household responsibilities when they came home after work.

1y:“...like whatever I can do I mean I always tried to be a caring father as much as I could”... “I don’t cook but I would tidy out, clean, take care of the child...we are good at that”.

In contrast 2y's story revealed that there was no equal sharing of household and parental responsibilities. 2y gave his longer working hours than hers as a reason for this inequality:

2y: “...2x was both working and trying to take care of the house...a part of it was because of my job and partly maybe it was because of me...like we couldn’t split this properly”.

2y took over some of his wife's responsibilities only during the course of her treatment but after her treatment was completed, they seemed to go back to their earlier routine and expectations from her as it was indicated by 2x:

“..For some time he took the responsibility...he gave me support at that moment...I was not in any condition to cook anyway...but now I recovered...still it’s as if we haven’t been gone through anything...I’m getting old even if I’m not sick...like they are still expecting the same performance..”.

3.3.1.3 Conflictual relational processes with the families of origin

The narratives of "never feeling as we" couples revealed a central conflict of not being able to set boundaries by one of the partners' with his/her family of origin. For the case of couple 1, the boundary problem was with the woman's mother whereas for the couple 2, the boundary problem arose from the man's mother.

For the case of couple 1, 1x reported lifelong need for approval from her mother as well as her lack of support from her husband which she reported as resulting in a wish to develop cancer so that she could quit working. This statement reflected how she could not willingly set limits against her mother's expectations from her about working and how she desperately needed support either from her husband or from the cancer diagnosis to be able quit her job despite her mother's attitude.

1x: "...for some reason that mother's approval is...like I'm forty something years old actually I have a husband, I mean I don't receive any support from him either but like there is a need for mother's approval. Like I said I hope I've got the cancer and I hope I'll quit this job because I can't dare to do it I think I need a reason to quit the job..."

Her spouse 1y revealed relational problems because of his mother in law's dominant effect on his wife:

1y: "...1x believes a lot on her mother's word, shall I say manipulated by her? Like she's more under her mom's influence...her mom is extremely material...and on my side...my mom doesn't even ask how much salary I get...in my family it's the opposite, we don't give importance to money matters...".

1y also identified his feelings during the course of her treatment, as being outside his wife's primary circle of intimacy. He reflected his emotional experiences with regard to that period as feeling incompetent, anxious and sad:

1y: “...I had a stage that I faltered...like I didn’t know how to behave...and I always tried to be there for her but she, her mom and her sister… Like she approached more meticulously in those doctor periods those hospital periods I felt like I was left out”..... “...I have this urgency to verify in order to not make any mistakes, like you find yourself in a rush… enormous haste. There I saw how she did not hesitate to use accusing statements such as I was not attentive enough I was not taking care of her, and I was more upset”.

For the couple 2 on the other hand, 2x expressed that her relational problems arose only because of her mother in law. She identified her feelings of never feeling as self-confident in relation to her mother in law and how this negatively affected her relationship with her spouse:

2x: “Her problem is that she cannot share her son....Always her property. Mine, yes I will control. And his house his wife his kids as well”... “When I married with my husband at the age of 28 he had the same mentality with my son. My mom is amazing she’s never wrong. She’s the best mom in the world”... “...Mm he used to say that I was exaggerating too much....in fact there was some times where it reached to a point that he was even saying you are a psychopath you are making this up”... “If we were living in the same city we would’ve get a divorce in our second year...because we don’t have any problem with each other...”

2x expressed her mother in law's continuing negative attitude even during her treatment phase and how she set her own limits against her despite her spouse:

"...She told me what you experience is way less than what you should, you deserve more (referring to the cancer diagnosis). Since then she’s not coming to my house…

Her spouse 2y also identified the negative effects of the unresolved conflicts between his mother and his wife on their marital relationship while seemingly having

a passive attitude of not involving himself personally in their interaction. 2y expressed this in terms of generalizing the problem as a classical mother in law-daughter in law issue and by taking an "I" stance rather than a "we" stance by his mother:

2y: “...it’s usually about my mother...if you ask me, it’s just some flimsy things...”... “Once I sat them both in front of me, I said I’m not leaving any of you...if I do I will leave you both...it’s your decision, I remember I made a speech like that...”

In sum, "being a conflictual couple" independent of the cancer experience reflected itself basically in three domains; in their relational climate as a couple, in their nuclear family life and in their relationships with the families of origin. These couples' relational climate revealed an emotional distance. They were not relational in their marital life. This meant; using individual ways of coping with life stresses as well as emotions like anger and sadness, not being open and transparent in terms of their thoughts and emotions and not having a dyadic perspective about life and relationships. As a result they were feeling hopeless and unenthusiastic about their future both in individual and relational terms.

Secondly, "conflictual couples" reflected a feeling of compromise in their quality of life after they became parents. This meant living only a child-focused life in which they did not seem to enjoy either their marital relationship or their nuclear family. In other words; both partners were feeling tired and they were not able to use their relationship as an emotional resource to support each other and to cope as a couple. Besides; women participants of "conflictual couples" did not feel that the household and parental responsibilities were shared. This meant these women felt entrapped between work and family life. It seemed that "feeling tired" was not only stemming from their physical load but also by their feeling as all alone.

Thirdly; the results revealed a core conflict of "not being able to set boundaries" with the partner's family of origin. Neither women nor men reflected any problems with their own families of origin. These couples expressed their conflicts only with their mothers in law, in the case of couple 1, the problem was with the man's mother in law whereas for the couple 2, it was the woman's mother in law and these conflictual processes did not change after the cancer experience.

3.3.2 "Never feeling as we" couples: diverging trajectories afer the cancer experience

According to the results, the couples 3 and 4 experienced conflictual relational processes basically in two domains before the cancer diagnosis; their relational climate and the woman's conflictual relationships with man's family of origin. For these couples, there was a change in relational priorities of men and women in opposite directions after the cancer experience. In other words; women participants 3x and 4x reflected a change in their personal priorities from "me as adapting to his priorities" to "me as the subject of my own life" after the cancer experience. On the contrary; their spouses 3y and 4y, revealed a transition from" me and my family of origin's priorities" approach to a more "we" feeling in their marital relationship during and after the course of the illness. The resulting situation presented a picture in which women participants of 3x and 4x, were trying to enjoy their developing sense of individuality, personal freedom and femininity while their spouses 3y's and 4y's efforts to create a sense of "we-ness" were unsuccessful. (see Appendix M for the original Turkish version of the narratives from "never feeling as we" couples: diverging trajectories)

3.3.2.1 Experiencing relational conflicts because of individual differences before the cancer experience

The first domain of conflictual relational processes for couples 3 and 4, was their conflicting individual differences. Although men and women participants of these couples were different in terms of their personal perspectives about life and relationships, the women seemed to have adapted to their husband's preferences in their relational and social lives before the cancer experience.

In the case of couple 3, the interesting thing was that 3x was not even aware that she was trying to accommodate her spouse's preferences before her cancer experience:

3x: "...for example my friends were taking a day off during the week...like what are you going to do...I will travel all around Istanbul...like…let's do it...no no you should save your day off's..What's the use of taking them during the week...at that time it made sense...I was like aah okay...but now I realized how important it was..Now I get it..."

Her spouse 3y on the other hand, expressed his preferences for staying indoors, not socializing too much either individually with his male friends or as a couple:

3y: "...I like being at home...I don't like going out that much...like we are getting tired all day...coming home...finding a nice movie...getting some snacks...having some drink...it was more enjoyable..Once a month was okay to meet with friends outside..."

Similarly, couple 4 reflected their different preferences in terms of sociability. 4y perceived the difference as being due to his asocial character and identified this as his personal issue rather than an individual preference as 3y did:

4y: “...4x is a very social person...me on the other hand, I’m very introvert ...like I have friends...but when we go out with 4x and with her friends… I cannot speak with people without knowing them well..”... “She takes me out...I never liked traveling either...I would say let's go to W island (referring to summer house of his parents)..it has sea...I would leave 4x with my moms...”... “She was truly more attached to me ”. His wife 4x stated their individual differences both before and after the cancer experience, in similar terms as her spouse:

“..We have very different characters...4y is very quiet, I’m more of an extrovert, more chatty...I love social life...like I really like traveling..He likes to sit down...two opposite poles...like I mean they were thinking it but for example when we got married those things were never an issue...”

3.3.2.2 Experiencing relational conflicts resulting from the man's family of origin before the cancer experience

The second domain of conflictual relational processes for couples 3 and 4, was the wives' women's problems with the husbands' families of origin before the cancer diagnosis. Both 3x and 4x expressed how these problems resulted in relational conflicts in their marital life. For example, 4x described her conflictual relational processes resulting from her spouse's inability to set limits to his family of origin:

4x: “...like in that period 4y was seeing her mom and her sister a lot...for example we were constantly going to see them from q city. He didn’t want to go anywhere new during holidays.”. “Like I already don’t like it...I was having a lot of difficulty from there...we were fighting a lot”... “And he was always backing them up”.

"..It's like 4y realized my value after fearing of loosing me because of this disease"... "I always say to him I wish you've showed me you loved me this much before I got sick".

Supporting his wife's thoughts about their relational conflicts before the diagnosis, 4y indicated the negative effect of his family's behavior on their relationship resulting in conflict with his wife:

4y: "...I don't remember fighting with each other...I mean when we were alone together. There was always something external...and that was families...we were fighting...our problem was only the families...I was caught in the middle...I was saying what can I do...like what am I suppose to do...okay let's not see each other, shall I say that? No don't say that...then what should I do? ...Don't do anything..."

3x on the other hand, expressed her discouragement because of her spouse's not standing by her, in conflicts with her in-laws:

"..like for example I want someone who can stand beside me clearly, who knows that I'm right when I say these but he never lets me speak about his parents he says no let's not speak about it..".

3.3.2.3 Coping individually during the course of the illness

The third domain of conflictual relational processes for couples 3 and 4, revealed itself during the course of the treatment phase, which was; using individual ways of coping while dealing with cancer.

3.3.2.3.1 Women's using individual ways of coping as a result of the relational climate

For 3x and 4x, using ways of individual coping was an inevitable result of their relational climate in their marriage. These two women participants did not find their

spouses strong enough to contain their wives' negative feelings. Qualitative analysis showed that these two women had to cope with their emotions by finding other sources of emotional support such as by getting support from a close friend or another cancer patient as well as using her inner resources by staying strong by herself. They both observed how their spouses were negatively affected by the diagnosis and they seemed to hide their negative emotions from their spouses and from their close ones not to make them feel worse. They similarly expressed how women with similar diagnoses helped them the most and made them to feel well-understood.

3x: “my husband was effected a lot during this process...he was very supportive but I had to stay strong so that he wouldn’t get upset my mom wouldn’t get upset like my child shouldn’t get effected..”... “...instead of me staying strong I wish he was, like I wish I could let myself go and he would hold me...”... “So I met with x during my chemotherapy...he/she is going through the same process...X became my life source there...likewise he/she also has the same feelings as me...”

In a parallel vein, 4x expressed how she coped during the course of her treatment individually because of her spouse's not standing strong and how her family of origin, especially her mother helped her to cope:

4x: “no I never shared (referring to her husband)...I never said to him that I was thinking, am I gonna die? I never said those kind of stuff. Because he was feeling worse than me...he only gets better when he sees that I’m good...I always appeared strong to him...never spoke about my anxieties...only to my mom...my mom is a very perceptive woman I always look up to her.....if she has any sadness she never shows it to me..She said it’s gonna be all good...everyone has something happening to them in this life...”

3.3.2.3.2 Women's placing their families of origin in their close circle of intimacy during the treatment phase

The narratives of 3x and 4x revealed that these two women placed their family of origin in their primary circle of intimacy during the course of their illness. This pattern went even further to the point of sleeping with both parents or with the mother during the treatment period, as if yearning to feel like their little child again. 3x for example; expressed her feelings about such a yearning:

3x: "...we are like as mother and daughter we are time to time...my mom's...during that period, of course there has been a one year break last year...we slept together I especially wanted to sleep with my mom to cuddle up and feel that warmth, feel like a child again, I exactly wanted to feel those..And my mom is really a giver in that sense".

Similarly 4x expressed her psychological need and yearning for her parents' emotional support by also including her father in her close circle of intimacy while staying by them during the course of her treatment:

4x: "...so I cried like that to my parents...mom I'm going to die...come and take me home so I can sleep between you two…..to sleep between my mom and my dad. We were already living together...during that time my husband went back to x city. He was coming for the weekends..."

3.3.2.3.3 Men's using individual ways of coping as a result of their personal choice

When it came to ways of individual coping, 3y was aware and talked about his somatization during the course of his wife's illness. He was experiencing his anxiety and sadness through his bodily symptoms. 3y reflected the sadness and anxiety about

his wife's diagnosis and post-treatment phase as worrying about losing his wife and having a motherless child:

3y: “shock, anger, denial any of them never happened to us...only sadness...only sadness… I would’ve felt the same sadness for myself too...like if something happens to me I wouldn’t be afraid of death but we have a little child...”.... “it was not easy to cope with sadness....till we saw regression in the treatment those first two months for example, I lost 6-7 kg...I couldn’t eat..”.... “There is anxiety...it is there, it’s not leaving me...like for example it can appear in her brain in ten years..We don’t know...”... “Like I couldn’t express those emotions...sharing them with anyone would tire me, bore me, make me upset...”

3y was still coping individually by being rational rather than sharing his emotions. He reflected his implicit anxiety about the prognosis of his wife by making intense internet searches about cancer and its treatment and by being solution focused. In this sense, he seemed to continue with the same relational approach as before the diagnosis:

“Our only struggle is that I’m more rational...that she’s more emotional...if I wasn’t rational like this, we wouldn’t be where we are now...”... “Life style, perspectives...I never let emotions get in my job...she’s the opposite...that was our only problem...”... “Occasionally she asks me what is love and that sort of thing to try me out...she expects surprises...I don’t have that...”

4y's narrative on the other hand reflected his individual ways of coping with his anxiety and fear of losing her as being fatalistic, ritualistic and religious rather than being solution focused and rational like 3y did. His expressions revealed his level of emotionality while at the same time indicated how he was still in the process of coping with the cancer experience by himself:

4y: “...I turn on to religion at first. Actually I considered it as a totem.....I made a bet. I said I will not drink. I haven’t been drinking since one and a half year now”..... “Then mm I began to perform salah. I really enjoy when I perform salah and pray. I feel happy. I pray a lot for my wife...”

“...I just remembered, I cried for her. I don’t know why”....I felt close, I felt like a brother to her. For her, I cried like a baby. Mm like at that time I was really scared...that I will lose her... I still feel scared. I don’t know what I would do if something happens. I think a lot...then I perform salah and pray for her...”... “....but sometimes of course, I want...I want to be alone. I don’t want anyone...”... “...Why am I experiencing all these I say to myself, then I say it’s okay, I was suppose to live this, this is our test, like at least I have to live this through. It will make us stronger. It was written in our destiny...”

3.3.2.4 Changing relational and individual priorities after the cancer experience

The fourth domain of conflictual relational processes for couples 3 and 4 revealed itself after the experience of cancer. Their relational climate never benefited from the changing priorities of husbands and wives after the cancer experience. Two men participants 3y and 4y revealed a transition from "me and my family of origin's priorities" approach to a more "we" feeling in their marital relationship after the course of the illness. 4y expressed his personal change in terms of feeling a closer emotional bond towards his wife, showing his love and affection more openly, saying "no" and setting clear boundaries with his family of origin to protect his marital relationship, having regrets about past relational conflicts because of his mother and sister, being more social with his wife and focusing more on her emotional needs than before. His narrative reflected a sense of mutual bonding with

his wife at a "we" level while on the other hand his wife's expressions were implying a sense of differentiation from her spouse after the course of the illness:

4y: “we attached to each other more...perhaps I felt more love towards her...I didn’t used to show it much.”... “She always tells me ‘you loved me later’...”... “Like I started to acknowledge she was right in these parent issues...for example I tell my mom don’t do these things...I didn’t use to say anything before..”... “I said how we made each other miserable for nothing...like our arguments were always about the third parties...”... “For sure we connected to each other more...now I can easily show my affection anywhere...”... “Now because I’m doing everything 4x-oriented, I feel like I will be left alone if 4x is not in the picture...”...

His narrative reflected the change in his dependency pattern from being close to his family of origin to being close to his wife:

4y: “I used to be closer to my mom and to my sisters...now I’m not that close...more to 4x...after this phase I placed 4x at the center of my life...”

3y, on the other hand reflected the change in his relational priorities as one of a taking over her household responsibilities, feeling more compassion for her and focusing on her healthy living to decrease the risk of recurrence after the cancer experience:

3y:“.....I have become more protective over her. Like earlier, I didn’t step in. Now she doesn’t. I prepare the table, I clean it up. I do the dishes. Of course I’m thinking about those things. I don’t want to tire her as well. Because she’s working too, she went back to working life so I know she gets tired too. In fact she has more fatigue in her body than me. With the effects of chemotherapy and so on, she also has to keep her spirit up. Some like to cook. You leave them and they just cook. 3x doesn’t like that. Just like me, like how I don’t like to cook, get bored she gets bored too. Then let

her be more relaxed...”... “I would say intense compassion but maybe it will be more clear with this distinction, love part is a maybe but now it’s compassion. Like I don’t want her to get hurt, I would rather myself get her, in that way. Maybe it’s a bit like, you know how you think about your child, and protect? That kind of thing...”

For 4x and for 3x, on the other hand, the post-treatment phase seemed to bring a sense of personal freedom from their "boring" relationships. Their joy of and becoming more aware of their femininity and individuality seemed to bring new conflicts to their marital relationship after the cancer experience. These two women participants reflected their feelings about the changing priorities in their lives in a very similar vein:

4x: “...it does affect...yeah it does affect...Sometimes I say it was already boring now it’s really boring. Where we were supposed to enjoy life...”... “In general, a thing he’s doing for us is already negative to me...”, “I became male, he became female. Sometimes he cooks. Like on Friday, we got into a fight because of that. For example he cooked and prepared some things. I was out with friends. He opened the door and said you are late, he said I cooked dinner and besides, you were drinking. Ah like as if I was a man and he opens the door as if he’s the wife who waited too long, prepared dinner blah blah. Sometimes, yeah like our roles… have changed a lot”.

4x: “I said it all for the first time. Cause I burned all the bridges… and in fact it was like this. I also analyzed that within me. Like why did that happened. Because I used to fear of giving a reaction…. because of the fear of losing 4y. That he wouldn’t back me up. Because he was very keen on his parents. Now this time, it was as if I was holding the strings I mean it’s gonna sound a bit like weird but. Afterwards like I was already having the fear of losing 4y during those times. Now I’m in a completely

different period of my life. Now I feel so confident that I don't fear of losing anyone. Like now I learned to live only for myself. I don't want anyone to upset me. I cried a lot because of them. I don't want to cry anymore. I passed very difficult times. I don't want to create myself those things".

3x: "...there is this h. therapy, maybe you've heard about it? Through my h. therapy, there was this part where they told me 'imagine that there are these chains and imagine what are underneath those chains, imagine escaping from those chains and that you rise up during that process'. Our eyes were wide shut. I saw my child and my husband under those chains. And it created an incredible unhappiness inside me. How, I asked, how can they be a chain, how can I feel that way and so on"..... "Yes that happed, a more colorful 3x happened but when there was a 3x who wanted to go out more, people go like mm for example with my new coworkers when there's a party or something I want to join all of them I never used to go any of that.."".....I don't want to miss anything in life..."".... "with the marriage life, I was keeping up with that, I'm not actually complaining about it, I thought that was normal, later when things began to happen I realized it was not normal like I was suppose to grab a drink after work or like I should travel etc. of course everything in a certain limit, but it got a bit weird and also I feel as if my dad is opening the door".

In sum, there was a second type of "never feeling as we" couples; changing relational and individual priorities differently for the wife and the husband after the cancer diagnosis. These couples' conflictual relational processes before, during and after the cancer experience, were reflected in four domains: a conflictual relational climate before the cancer diagnosis, women's conflictual relationship with the man's family of origin, individual coping as a result of relational climate or personal choice, during the course of the illness men's and women's using their individual coping

resources but not a dyadic one and women's changing individual and relational priorities not for the benefit of their relational climate and men's being unsuccessful in their efforts to create a sense of "we-ness".

Interestingly enough, the core conflictual area for these couples was the relationship with the man's family of origin before the cancer diagnosis. But the difference from "becoming we" couples was that; this time men's developing relational awareness and separation from their families of origin was not enough to restore their marital relationship after the cancer experience. For the case of "never feeling as we couples: changing priorities", women seemed to diverge from their pre-cancer marital experience in favor of their developing sense of freedom and individuality.

CHAPTER 4

DISCUSSION

The aim of the present study was to understand the individual and relational experiences of a small sample of Turkish breast cancer survivors and their male partners by employing Rolland's (2018) Family Systems Illness Model and L'Abate et al's (2010) Intimacy Model of Relational Competence Theory.

This study used grounded theory analysis. The purpose of the study was threefold:

1) To understand pre and post-cancer relational processes of a sample of Turkish breast cancer survivors and their male partners,

2) To explore how survivors and their male partners coped with a life-threatening (life-changing) illness on both individual and relational levels,

3) To understand the different trajectories of couples' cancer experience.

This part summarizes the study findings as they relate to the existing body of literature. This is followed by a discussion of theoretical and practical implications of this study. Lastly the strengths and limitations of this dissertation are presented together with suggestions for future research on relational processes and relational coping for couples facing life-threatening and/or chronic illnesses.

4.1 Discussion of key findings as they relate to the existing body of theoretical frameworks

The study findings indicated three different cancer trajectories, that is, relational processes that reflect three different courses of development for the participants of the present research. The first trajectory revealed an ongoing "we" perspective while

coping with a life-altering experience and was conceptually defined as "being we". The second trajectory indicated a relational growth and a positive relational change after the cancer experience and was conceptually defined as "becoming we". Finally the third trajectory was defined as "never feeling as we ", because these couples were not able to bond at a "we" level despite the fact that they were seemingly maintaining a stable marital relationship both before and after the breast cancer experience.

4.1.1 "Being we" couples (couples numbered as 7, 8, 9, 10, 11)

The findings showed that these couples preserved the essential and positive core features of their relationship throughout the cancer experience and their relationship expanded by feeling more intimate than before. Results revealed that the "being we" experience was independent of their cancer experience. In other words, the relationship was above and beyond the illness experience for both partners. This finding validated the construct of "externalization" which was developed by Rolland (1994, 2018). It means putting clear boundaries between the chronic disorder and the relationship while perceiving the disorder as "our problem". According to Rolland, the process of externalization requires understanding that the person is not the illness and the relationship is more than the illness. The findings of the present study revealed that the basic constituent factors that contribute to the experience of "we-ness" could be conceptualized as being present in three domains; in their nuclear family life, in their interactions and psychological boundaries with the families of origin and in their relational climate.

These couples were egalitarian and they were egalitarian in sharing the responsibilities of their nuclear family life regardless of the cancer experience. This finding is in accordance with Gray-Little, Baucom and Hamby's (1996) study which

found that egalitarian couples had the highest marital satisfaction and with Johnson, Amoloza & Booth's (1992) symmetrical type of marital relationship among young couples.

The second domain was the quality of interactions and psychological boundaries with their extended families. For these "Being We" couples, the differentiating factor was being able to set clear boundaries while at the same time maintaining supportive interactions with both families of origin. This factor is in accordance with the construct of "self-differentiation" in the family and couple literature. Researchers in this field define self-differentiation as "maintaining a sense of self in an intense emotional relationship with significant others on the intrapersonal realm whereas on the interpersonal realm it is defined as being able to experience intimacy with and autonomy from others"(Kerr& Bowen, 1988; Schnarch, 1997). Carter and McGoldrick (1999) define self-differentiation from the family of origin as stepping into a job, relating oneself to an intimate partner as the basic tasks of early adulthood in normative development. According to the results of the present study; the participants of "Being We" couples seem to have completed the tasks of adulthood.

The present study results are also in accordance with many theoretical models. For example; Olson's "Circumplex Model"(2000) suggested that families vary on two dimensions of cohesion and adaptability. Olson suggests that extremes on either dimension (disengaged versus enmeshed) families create risk for adaptation. "Being We" couples' narratives revealed a balanced position between these two points. The narratives of the present study's participants revealed that relations and psychological boundaries with the family of origins affect the couple's relational quality and their psychosocial adjustment to illness. "Being we" couples

were found to be able to set clear boundaries both personally and relationally with their families. They were able to differentiate individually and thus were able to form a functional marital system. This finding also parallels with Barahmand's (2010) study which examined the role of self-differentiation on intimacy. His results indicated low self-differentiation and low scores on intimacy and marital quality as compared to other studies. Skowron (2000) on the other hand, studied the relationship between differentiation of self and quality of marital relationship on the basis of Bowen's (1978) Family Systems Theory. The results showed that 74% of the variance in husband marital adjustment and 61% of the variance in wife marital adjustment were explained by self-differentiation scores. As Kerr and Bowen (1988) put it; Family Systems Theory considered self-differentiation as the basis for long-term intimacy and mutuality for couples. The findings of the present research validated Skowron's (2000) study which found that a good marital relationship required the ability to maintain individuality and a mutual intimate connection with the partner.

The third domain was their relational life as a twosome. This "twosomeness" seemed to include; coping together, sharing responsibilities and difficulties while experiencing close intimacy with each other. The findings indicated that the theme of "being we" was in accordance with O'Brien and DeLongis's (1997) construct of "empathic coping". This construct was defined as mutually prioritizing the well-being of the relationship and the partner. According to them, empathic coping strengthens the marital satisfaction as well as individual well-being within that relationship. In the present study, the male partners used similar relational coping mechanisms as was described in Coyne and Smith's (1994) and in Coyne, Rohrbaugh, Shoham, Sonnega, Nicklas & Cranford's (2001) studies. These studies

presented two types of relational coping; first active engagement which meant initiating constructive attempts at problem solving and secondly protective buffering which meant relieving the partner emotionally. Thus for the breast cancer survivors, their main source of support and coping were their male partners. These survivors also stayed relationship focused during the cancer experience. The results of the present study are also in line with Cannon and Cavanaugh's (1998) comprehensive review article which argues that "interdependent patterns of coping develop between partners as each manage the perceived stress of the interpersonal context and threats to the integrity of the relationship" (p.410). According to their review, "pre-illness marital satisfaction has been found to be predictive of the use of certain coping strategies" and a good marital relationship was found to act as a resources for supportive coping and communication. (Revenson, 1994). Similarly, DeLongis and O'Brien (1990) suggest that a continuing feeling of "emotional relatedness" is essential for the well-being of the marital relationship.

Findings of the present study also supported Bodenmann's (1997; 2000; 2005) theory of dyadic coping. According to this theory; dyadic coping meant both partners' trying to keep or restore a homeostatic state both individually and relationally. Bodenmann (2000; 2005) conceptualized good adjustment as a return to normal couple functioning or to a personal and dyadic (relational) growth. This finding is also in accordance with Harrow, Barbour and Cable's (2008) qualitative study in which survivors of breast cancer reported that disclosure and their partners' emotional responsiveness bonded them more closely after the cancer experience.

The present study findings further indicated a consistency between their pre and post cancer relational experiences for "being we" couples. Furthermore, results indicated the positive core of their relationship has become better in terms of "we-

ness". This may be conceptualized as "relational expansion" which means that a traumatic and/or life-altering experience like cancer strengthened the positive relational climate and the harmonious responsive relational processes between partners. This finding supports Rolland's (2018) conceptualization of intimacy "as a process evolving through couples' life cycle". According to Rolland (2018) a chronic illness like many other challenges in the life cycle, may be an opportunity for relational growth or a risk for dissolution depending on how the couple will incorporate the challenge into their lives'. For "we couples", cancer was a shared experience and they used the language of "we" while coping with various difficulties during cancer experience. Their narratives indicated that intimacy was at the center of their relationship while they were experiencing cancer. In other words, neither the survivor nor the partner placed "cancer" at the center of their lives. In that sense, a life-altering experience like cancer seemed to enhance the positive and responsive emotional climate in their marital relationship. These couples knew each other for a long time, they were always good friends who enjoyed each other's presence and they relationally expanded as they shared difficulties in life. In that sense relational coping was a result of their intimate interactions with each other, therefore it can be considered as an embedded feature in their marital relationship. This argument is in line with Fergus's (2011) qualitative study which explored the experience of "we-ness" for couples coping with prostate cancer. Her findings indicated "how the intersubjective, affectional and attachment processes, out of which the communal body arose, were also instrumental to its repair" (p.110). In other words, close, intimate and mutually affective and responsive relationships can be considered as the basic resource for repairing any psychological damage that life can impose on partners. Similarly, Malone &Malone (1987 as cited in Patrick, Sells, Giordano &

Tollerud, 2007) suggested that "Someone who develops a high level of intimacy would be able to present herself/himself more authentically in a relationship and communicate his/her needs more effectively to the partner. Couples with high intimacy may have a greater capacity to deal with struggles and changes posed to the relationship" (p.2, as cited in Patrick et al, 2007).

The general characteristics of "we" couples were in accordance with the relational perspective paradigm in the literature (Acitelli & Badr, 2005; L'Abate et al, 2010; Rolland, 2018). The present study findings are in accordance with Rolland's (2018) Family Systems Illness Model (FSI) which is grounded in systems theory. Family Systems Theory emphasizes interaction and context while explaining individual behavior. According to this perspective, function and dysfunction are defined by the fit between the individual and the family and their social context, the psychosocial demands of the health condition and the other stressors in family life. It views the family as a transactional system. The ongoing interactive patterns within the family and between the family and other systems are considered as central in influencing individual behavior. The present study revealed that the cancer experience of the participants showed differences depending on the patients' and their male partners' interpersonal context and specifically their intimate partner. On the basis of previous researchers' (Wynne &Wynne, 1986; Bowen, 1993; Manne & Badr, 2008; Weingarten, 2010) Rolland grounds his conceptualization of intimacy as partners' disclosing themselves in verbal and non-verbal ways with the result of partner responsiveness while bringing the self into the relationship and maintaining autonomy.

It can be concluded that the findings of the present dissertation implied a model of intimacy which supports Rolland's (2018) Family Systems Illness Model.

While at the same time the findings go in accordance with L'Abate's Relational Competence Theory Intimacy Model in Clinical Psychology. "We couples'" narratives in the present study indicate being emotionally attuned and both physically and psychologically available while sharing a mutual care, concern and compassion. This is in accordance with L'Abate et al's (2010) Relational Competence Theory which underlies the importance of showing empathy in "here and now" during the treatment process and afterwards rather than in the past or the future. As the authors argue emotional support is not uni-directional rather it is a "reciprocal process" in difficult times. They conceptualize interactive support and intimacy directly through the sharing of hurt feelings and the fear of being hurt between partners. In the present study, "We Couples" seem to experience such a relational existence in their marital relationship which in turn becomes their basic source of emotional support throughout the cancer experience.

4.1.2 "Becoming we" couples (couples numbered as 5, 6)

The study findings showed that there was a second type of trajectory for some couples, which was defined as "Becoming We". For these couples, the positive core of their relationship seemed to stay dormant over the years until they experienced cancer. The positive core revealed itself in terms of re-bonding at a "we" level. Both partners became more relationally aware after the cancer experience. In this sense they seemed to get a better version of their relationship as compared with their pre-illness relational quality. These couples' narratives indicated a marital stability but a marital dissatisfaction before the experience of cancer. But after having experienced a life-threatening/life-altering illness like cancer, these couples showed relational growth. The result was marital stability and marital satisfaction for both partners.

The study findings showed that the fear of losing his wife changed the male partner in this small sample of Turkish couples. In other words, the fear of losing seemed to change the male partners' priorities by giving their marital relationship a central place in their lives. Rediscovering their relational wealth was the basic motive for both the survivors and their male partners for planning their relational future. The survivor participants, on the other hand, changed their priorities and the cancer experience helped them to be able to set clear boundaries with others, especially with their families of origin. Changing their priorities and rediscovering their relational wealth seemed to lead to a more positive relational climate and being enthusiastic about their relational future. These findings are in line with the existing literature on post-traumatic growth (Gottman's, 1990; DeLongis, 1997; Badr&Acitelli, 2005; Manne &Badr, 2008; Hopkinson, Brown, Okamoto & Addington-Hall, 2012; Rolland, 2018).

Researchers conceptualize the positive change after having experienced a threatening/traumatic event as "post-traumatic growth" (Tedeschi &d Calhoun, 1996; Cordova, Andrykowski, Kenady, McGrath, Sloan & Redd, 2001; Weiss, 2004; Bodenmann, 2005; Lelorain, Bonnaud-Antignac & Florin, 2010; Silva, Crespo & Canavarro, 2012). On the basis of their research findings, Lelorain et al (2010) define post-traumatic growth as "a better appreciation of life, a sense of personal strength, better relationships with others, a deeper spirituality and recognition of new possibilities". Researches in the field of health psychology refer to post-traumatic growth experiences for both individuals and couples (Walsh, Manuel & Avis, 2005). Studies also indicated a positive association between adaptive coping and post-traumatic growth (Cordova et al, 2001).

The qualitative results of Walsh et al's (2005) study showed four major themes; "increased closeness and intimacy", "communication avoidance", "the separation or termination of the relationship and "problems related to sexuality" (p.85). In this study 75 % of the women who participated in the study reported that they became emotionally closer to their spouses after breast cancer.

Furthermore, the findings of the present study supported Rolland's (1984; 1987; 1994) Family Systems Illness Model which looks at human development from a systemic perspective and suggests that relationships grow and change, boundaries shift and roles are redefined because there are always transitions and individuals, couples, families need to adapt to these stressful changes over the life course. The results of the present study also are in line with the recent literature which indicates that relational growth mostly occurs in the context of serious illness (Kunzler, Nussbeck, Moser, Bodenmann & Kayser, 2014; Roth, Haley, Hovater, Perkins, Wadley & Judd, 2013).

The findings of the present study indicated two domains of change as a result of post traumatic growth for "becoming we" couples; the inter-personal domain and the intrapersonal domain. In terms of the former, both survivors and the male partners of "becoming we" couples learned to set clear boundaries with their families of origin, to change priorities in favor of themselves and their relationship with the basic motivation of living a fulfilling life. In terms of the intrapersonal domain on the other hand, these couples were organizing their individual priorities for enjoying life both individually and relationally. It can be concluded that a life changing illness for "becoming we" couples, resulted in becoming more individually and relationally aware of their previous boundary issues and priorities. On the basis of the previous

literature review discussed for "being we" couples, it can be argued that this change led to a self-differentiation process for both survivors and their male partners.

4.1.3 "Never feeling as we" couples

The findings indicated two different types of cancer trajectories for "never feeling as we" couples. As discussed in the results section, one of these trajectories was defined as "a steady state of conflictual relational processes" and the other one as "diverging trajectories in the opposite direction for men and women".

4.1.3.1 A Steady state of conflictual relational processes (couples numbered as 1, 2)

"Never feeling as we" couples of the first type preserved the conflictual core of their relationship throughout the cancer trajectory. The qualitative analysis of their narratives indicated that relational conflicts were not above and beyond their illness experience. In other words; the relational conflicts stayed at the center of their marital life. For one couple, the male partner whereas for the other one, the survivor seemed to have lived their pre- cancer and post-cancer lives individually not relationally. This result partly supported the findings of Acitelli and Badr (2005) who found that there was a "self lens" not a "relationship lens" for some couples while facing difficulties in life. Interestingly the survivor in one couple and the male partner in the other one seemed to be more relationally oriented. They implied that there was a marital stability but there was no marital satisfaction either for the survivor and or for the spouse. The main constituents of this type of a cancer trajectory were found in interpersonal, intrapersonal and power relations domains.

The present study findings about the couples who were in "a steady state of conflictual relational processes" supported the arguments which considered "self-

differentiation" as the basis for an intimate relationship and for relational as well as individual well-being because; one of the basic problems was the relationship with the partner's family of origin. In one case, the man was not able to set boundaries with his parents- in- law (especially his mother- in- law) while for the other case; it was the survivor who did not feel any need to set individual and relational boundaries with her family of origin. The conflicts with the families of origin and the basic marital problems stemming from the mother-in-law can be a differentiating factor for Turkish couples regardless of their socio economical backgrounds. This factor needs to attract additional attention in future research,

In accordance with Bodenmann's (1997) Systemic-Transactional Model, these "never feeling as we" couples were not able to cope either with the "relationship stress" or with the "extradyadic stress". The former was defined by Bodenmann as the incompatibility, conflict, disagreement between partners with regard to goals, attitudes, personal boundaries, recreational time and etc. and the later meant; stress originating from outside the couple such as work problems, children, extended family members etc.

Another constituent of the "a steady state of conflictual relational processes" was the vertical power relation between partners. In other words; for one couple of this type, the man was dominating the relationship whereas for the other it was the woman. In other words, these were not egalitarian relationships. As it was discussed previously in this section; previous research findings indicated that a balanced power relationship between partners was related to relationship quality and egalitarian couples had the highest marital satisfaction (Gray-Little, Baucom & Hamby, 1996). The narratives of "never feeling as we" couples demonstrated that their non-egalitarian and asymmetrical (Johnson et al., 1992) relationship pattern was clearly

related to their marital dissatisfaction. In other words; the findings of the present study revealed that one partner dominating the other one type of relationship seemed to influence the quality of their marital relationship in a negative way.

4.1.3.2 Diverging trajectories in the opposite direction for men and women (couples numbered as 3, 4)

The main constituents of this type of cancer trajectory were reflected in these couples' pre-cancer conflictual relational climate. It was very interesting to note that only the women (the survivors) talked about their dissatisfaction about their pre-cancer marital relationships, not the men. Both women reported that the basic reason behind their marital conflicts was the partner's family of origin (especially the mother- in -law). These women basically complained about their partners' giving priority to their family of origins' needs and demands. Despite the fact that after the cancer experience, the husbands changed their priorities in favor of their relationship and tried to create a sense of "we-ness" with their wives, such a change seemed to have no significance for the women. In other words; the women diverged from their pre-cancer marital experience to enjoy their individuality and personal freedom. It seemed that these two women's post-traumatic growth was only on an individual level. Men participants on the other hand seemed to become more relationally aware after the cancer experience.

This finding is in accordance with Walsh et al's (2005) study which explored the relational changes for married women after a cancer experience. The participants were age 50 or younger and were diagnosed with breast cancer (Stage I-III) in the past 3 years. The qualitative analysis of the participants' answers to open-ended questions indicated that; 12% of 117 participants either separated or divorced after

being diagnosed with breast cancer. The reasons given for the separation were; not receiving emotional support from the partner and an after- cancer realization that their relationship was "problematic and not meeting their needs" (p.87).

4.2 Theoretical and practical implications

Findings of the present study have both theoretical and practical implications for the future. First of all; the present study integrates the relational competence theory in clinical psychology and the Family Systems Illness model in health psychology while trying to explain relational phenomena in a marital context before and after the life altering experience of cancer. Such an integration makes it possible to conceptualize intimate relational processes, before and after a life altering experience like cancer, as not restricted within the field of health psychology, rather it makes possible to formulate relational processes in various domains and to propose new theoretical models.

Theoretically, the present study reveals the importance of being holistic by integrating various theoretical frameworks and research results within the fields of clinical, family and health psychology. This seems necessary for developing further theories about the basic mechanisms of relational intimacy, about the formation of emotional subsystems like "being we" couples and about post-traumatic growth processes for individuals, couples and families.

Practically, the present study underlies the importance of taking the relational context, intimate relational patterns, familial interactions and the relational history of the person into consideration while formulating psychosocial interventions in the fields of health and clinical psychology. From a holistic perspective; it seems quite important to understand and assess individuals by considering their whole web of

emotional interactions with significant others as well as their personal and relational boundaries. Only after such an in depth and holistic understanding, may it be possible to formulate efficient psychotherapeutic interventions on individual and relational levels.

Furthermore, the 3 types of couple typologies of the present study, namely; "being we", "becoming we" and "never feeling as we" may also help the medical practitioners in their interactions with the patients and their families during the diagnosis and treatment phases.

4.3 Strengths, limitations and directions for future research

The generalisability of the present research findings is rather restricted because of the relatively small sample size of 22 participants. But on the other hand, the small sample size, made it possible to conduct separately one to one, open-ended, in-depth individual interviews with each participant without a time restriction. Thus it was possible to have a deeper understanding of each person's idiographic inner world and each couple's inter-subjective processes by listening to the illness stories of each partner separately. Therefore; the small sample size was both the limitation and the strength of the present research.

Besides, conducting individual interviews made it possible for each participant to feel himself/herself free from any possible implicit pressure that could have happened during a couple interview. While on the other hand, the present study was not able to control if these couples talked to and affected each other after the individual interview of one partner.

Another limitation of the study is that the sample is rather homogeneous in terms of the stage and type of the disease, socioeconomic variables and age. Thus the

homogeneity of the sample restricts the generalisability of the findings of the present study. Future studies may look at various socioeconomic variables in order to identify if the definition of intimacy and relational coping changes for couples with more disadvantaged economic conditions as Rolland (2018) suggests. Besides looking at couples at various stages of the disease may provide heterogeneity while trying to understand and formulate the relational processes between partners.

The present study adds a cultural variety to an existing body of literature by having conducted a qualitative research with a Turkish sample in Turkey. It is interesting to find that although the participants were coming from a different cultural background, the results of the present study were still in accordance with related research results coming from the Europe and the United States. The results supported the theoretical models of L'Abate et al (2010) in the clinical field and Rolland (2018) in health psychology. The present study also indicated a "mother-in-law" effect as a discriminating factor for some Turkish couples, which requires additional studies to investigate this effect with a larger number of couples in Turkey. The "mother-in-law" effect also requires a cross-cultural attention for future studies.

Future studies may aim at understanding cross cultural differences while formulating theoretical models about relational coping, relational processes between close partners facing a chronic illness and family dynamics.

APPENDIX A

SOCIO-DEMOGRAPHIC INFORMATION ABOUT THE PARTICIPANTS

COUPLE	GENDER X: female Y: male	BIRTH DATE	EDUCATION	OCCUPATION	CHILD	MARRIAGE	REMISSION PERIOD (as of date of interview)	DIAGNOSIS
PILOT STUDY 1	X	1967	High School	Retired, textile modelist	2 Daughters (27&20)	28 years	3 years	Period III, Radical Mastectomy
	Y	1962	High School	Private security				
PILOT STUDY 2	X	1966	University	Retired cabin crew	2 Sons (16&13)	19 years	1½ year	Period II, Lumpectomy
	Y	1964	University	Sales manager in a private company				
1	X	1969	University	Group Leader, Research	1 Daughter (13) & 1 Son (6)	16 years	2 years	End of Period III, Lumpectomy
	Y	1969	University	Sales Manager, Advertising				
2	X	1977	University	Architect, not working	1 Daughter (7) & 1 Son (4)	10 years & 4½ years date	1 year	Period I, Lumpectomy
	Y	1977	University	Plant Manager, Mechanical Engineer				

3	X	1981	University	Human Resources	1 Son (4½)	8 years & 6 years date	1½ year	Period II, Radical Mastectomy
	Y	1979	University	Planning Manager, Civil Engineer				
4	X	1985	University	Banker	None, 1 miscarry	4 years & 5 years date	1½ year	Period IV, Lumpectomy
	Y	1979	University	Plant Deputy Manager, Civil Engineer				
5	X	1970	University	Mathematics Teacher	2 Sons (13 & 18)	21 years	2 years	Period II, Radical Mastectomy
	Y	1964	University	Broker, not working				
6	X	1975	University	Branch Manager, Private Bank	1 Daughter (9)	9 years	1½ year	Period III, Lumpectomy
	Y	1976	University	Banker				
7	X	1951	University	Pharmacist, Retired from Istanbul Health Department	1 Daughter (34), married & living in USA	36 years	7 years	Period II, Lumpectomy, half-breasted
	Y	1950	University	Retired Regular				
8	X	1983	University	Not working	None	3 ½ years, 19 years of on&off date	4 years	Period II, Radical Mastectomy (2 years ago)
	Y	1982	University	Marketing Manager				
9	X	1970	University	English Teacher, Principal	1 Son (15)	19 years, 1 year date	2 years	Period II, Lumpectomy
	Y	1967	University	R&D Specialist, Mechanical Engineer				
10	X	1968	University	TV Producer, currently not	1 Son (15)	20 years, 8 year date	2 years	IIIA Breast Cancer, Lumpectomy

				working				
	Y	1966	University	Financial Advisor, Company Owner				
11	X	1973	University	15 years Journalist as Broadcast Director, currently working as an assistant in a Law Firm	1 miscarry, want to make a baby, but should survive first 5 years	1 year, 2 years date, 25 years friendship	End of 9th month	IIIA Breast Cancer, Lumpectomy
	Y	1973	University	Top Level Manager, Private Bank				

APPENDIX B

THE INFORMED CONSENT FORM (ENGLISH VERSION)

Boğaziçi University Psychology Department

Name of the Study: "Meme Kanseri Teşhisi Almış ve Tedavisini Tamamlamış Kişilerin ve Eşlerinin Tedavi Sonrası Dönemde Meme Kanseri Deneyimi ile İlgili Neler Yaşadıklarını Anlamak"

Name of the Researcher: Pınar Serbest, Clinical Psychologist

Adress: Boğaziçi University Psychology Department

E-mail adress: pserbest14@gmail.com

Mobile phone: 0532 354 17 54

Thesis Advisor and Co-advisor: Serra Müderrisoğlu, Assoc.Prof., and Güler Fişek, Prof., Boğaziçi University Psychology Department

Telefonu: 0212 359 70 80

This study is doctoral thesis research at Boğaziçi University Psychology Department. I, Pınar Serbest, who is conducting the research, am at my doctoral thesis stage as a professional clinical psychologist. Since 1993, I have been working with people diagnosed with cancer and their relatives within the scope of psychotherapy, support groups, and education seminars. I had internships and studies for educational purposes abroad regarding the subject. My research subject; conducting interviews individually with people who have been diagnosed with breast cancer and have completed their treatment process, and with their spouses to understand how they were affected individually and in their relationship during and after the treatment. The ultimate aim of this thesis is to form the content of the psychosocial intervention

programs which will be built in the future and will be oriented at people who are diagnosed with cancer, their spouses and their relatives to make it more beneficial for them.

Our face-to-face interviews will be recorded as voice records to remember and evaluate everything we have discussed in detail. In these records, your name, your credentials, all the private information about you (your occupation, the organization you work at, where you live, etc.) will be kept confidential and the findings of this study can be used in national or international scientific articles under the condition of keeping your personal and private information in absolute secrecy. Interview voice records', under no circumstances will be shared with third parties, only the transcriptions of the voice records can be shared with the researcher and thesis advisors by keeping your names and personal information in absolute secrecy. Your voice records will be kept in my personal computer and in a private folder with a password that only I know, without your names and only as numbers. After the transcriptions were done, the relevant voice records will be deleted irreversibly both from my computer and from the memory of the recording device. The content of the interview will not be shared with your partner.

I would like you to know that during our interview, recalling the experience, talking about this subject can remind you of those same emotions. In such a case, you will receive the necessary psychological support from me. Your contribution is on a voluntary basis, therefore you have the absolute right to withdraw during or even after the interview.

To thank you for your valuable contribution to this research, after we finish our interviews with you and your partner, you and your partner will individually receive one free session of psychological counseling service by me in a day and hour that

suits you. Within this counseling service, we will speak about any subject or question you would like to consult.

If you give your approval to participate in this study, please write your name and surname below and sign. Before you sign this form, if you have any questions about this study, please ask. If you have questions afterwards, you can always reach me through the contact numbers written above, and share your views and questions. You can consult to local ethics committee about your rights in the study. I would like to ask you to inform me of any change in your address and phone number.

Thank you in advance for your contribution and your approval for the study.

Interviewer	Participant
Clinical Psychologist Psikolog Pınar Serbest	Name:
Signature:	Signature:

Date:

APPENDIX C

THE INFORMED CONSENT FORM (TURKISH VERSION)

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi Psikoloji Bölümü

Araştırmanın adı: "Meme Kanseri Teşhisi Almış ve Tedavisini Tamamlamış Kişilerin ve Eşlerinin Tedavi Sonrası Dönemde Meme Kanseri Deneyimi ile İlgili Neler Yaşadıklarını Anlamak"

Araştırmacının adı: Uzman Klinik Psikolog Pınar Serbest

Adresi: Boğaziçi Üniversitesi Psikoloji Bölümü

E-mail adresi: pserbest14@gmail.com

Telefonu: 0532 354 17 54

Tez danışmanının adı: Prof. Dr. Güler Fişek, Doç. Dr. Serra Müderrisoğlu, Boğaziçi Üniversitesi Psikoloji Bölümü

Telefonu: 0212 359 70 80

Bu çalışma Boğaziçi Üniversitesi Psikoloji Bölümü'nde yapılacak bir doktora tezi araştırmasıdır. Araştırmayı yapacak kişi olan ben, Pınar Serbest, bir uzman klinik psikolog olarak doktora tez aşamasındayım. 1993'den beri kanser teşhisi almış kişiler ve yakınları ile psikoterapi, destek grupları ve eğitim seminerleri kapsamında çalışmaktayım. Konu ile ilgili yurt dışında staj ve eğitim amaçlı çalışmalarım oldu. Araştırma konum; meme kanseri teşhisi almış ve tedavi sürecini tamamlamış kişiler ve eşleri ile ayrı ayrı görüşmeler yaparak tedavi sırasında ve sonrasında hem bireysel olarak hem de ilişkileri açısından neler yaşadıklarını anlamaktır. Bu tezin nihai amacı ileride oluşturulacak ve kanser teşhisi almış kişilere, eş ve yakınlarına yönelik

psikososyal müdahale programlarının içeriklerini onlara daha yararlı olacak şekilde oluşturmaktır.

Sizlerle yapacağım karşılıklı görüşmeler, daha sonra konuştuğumuz her şeyi tüm detayları ile hatırlamak ve değerlendirmek amacı ile sesli kayıt altına alınacaktır. Bu kayıtlarda isminiz, kimlik bilgileriniz, şahsınıza ait özel bilgiler (meslek, çalışılan kurum, yaşanan yer vs.) kesinlikle gizli tutulacak ve tez dışında başka bir amaçla asla kullanılmayacak ve yayınlanmayacaktır. Araştırma sonuçları ise, yine isminiz, kimlik bilgileriniz, şahsınıza ait özel bilgiler (meslek, çalışılan kurum, yaşanan yer vs.) kesinlikle gizli tutulmak şartıyla, ulusal veya uluslararası bilimsel makalelerde kullanılabilir. Görüşme kayıtları dökümü, araştırmayı yapan kişi ve tez danışmanları dışında hiçbir üçüncü şahıs ve/veya şahıslarla her ne şart altında olursa olsun paylaşılmayacaktır. Ses kayıtları isimleriniz olmadan ve sadece numaralandırılarak kişisel bilgisayarımda ve şifresini sadece benim bildiğim özel bir dosyada saklanacaktır. Ses kayıtlarının yazılı dökümü alındıktan sonra, ilgili ses kayıtları hem bilgisayarımdan hem de kayıt cihazının hafızasından geri dönüşü olmayacak şekilde silinecektir. Görüşme içeriği hiçbir şekilde eşinizle paylaşılmayacaktır.

Karşılıklı görüşmemiz sırasında bu deneyimi yeniden hatırlamanın, bu konu üzerine konuşmanın size aynı duyguları hatırlatma olasılığı olduğunu bilmenizi isterim. Böyle bir durum oluştuğu takdirde, size gerekli psikolojik destek tarafımca sağlanacaktır. Bu araştırmaya katkıda bulunmak gönüllülük esasına dayandığı için, görüşme sırasında veya sonrasında dilediğiniz zaman bu araştırmadan ayrılma ve/veya ses kayıtlarınızı geri çekme hakkınız vardır.

Araştırmaya sağladığınız değerli katkınıza teşekkür edebilmek amacı ile sizinle ve eşinizle birebir görüşmemiz bittikten sonra, size ve eşinize bireysel olarak, sizlere uygun birer gün ve saatte, tarafımdan ücretsiz ve bir seanslık psikolojik

danışmanlık hizmeti verilecektir. Bu danışmanlık kapsamında, sizin danışmak istediğiniz herhangi bir konu veya soru üzerine konuşulacaktır.

Bu çalışmaya katılmaya şahsınız adına onay veriyorsanız lütfen aşağıya isminiz ve soyadınızı yazarak imza atınız. Bu formu imzalamadan önce, çalışmayla ilgili sorularınız varsa lütfen sorun. Daha sonra sorularınız olursa, yukarıda yazılı irtibat telefonlarından bana her zaman ulaşabilir, soru ve görüşlerinizi aktarabilirsiniz. Araştırmayla ilgili haklarınız konusunda yerel etik kurullarına danışabilirsiniz. Adres ve telefon numaranız değişirse, bana haber vermenizi rica ederim.

Çalışmaya katkınız ve onayınız için şimdiden çok teşekkür ediyorum.

Uygulayan	Katılımcı
Uzman Klinik Psikolog Pınar Serbest	İsim ve soy isim:
İmza:	İmza:
Tarih:	

APPENDIX D

THE PILOT STUDY QUESTIONS - INTERVIEW FORMAT

1) Kaç senedir evlisiniz? Eşinizle nasıl tanışıp evlendiğinizi anlatabilir misiniz?
(*How long have you been married? Could you please tell me how you met and then decided to get married?*)

2) Kanser teşhisi ve tedavisi hem bireysel hem de evlilik ilişkisi açısından zorlu bir süreçtir. Teşhisten bu yana siz neler yaşadınız, anlatabilir misiniz?
(*The diagnosis of cancer and its treatment is a difficult process for couples both individually and relationally. Could you please tell me what you have gone through since the diagnosis?*)

3) Peki sizce eşiniz neler yaşadı teşhisten bu yana?
(*What do you think that your husband/wife has gone through since the diagnosis?*)

4) Teşhisten önceki hayatınız nasıldı?
(*How was your life before the cancer diagnosis?*)

5) Teşhis ve tedavi sürecinde size en iyi gelen, sizi ayakta tutan ne oldu?
(*What was the most supportive thing for you throughout the diagnosis and treatment process?*)

6) Kanser deneyimini yaşamak sizce ilişkinizi etkiledi mi? Etkilediyse nasıl?
(*Do you think that the cancer experience has affected your relationship? If so, how?*)

7) Bana anlatmak istediğiniz, benim sormadığım başka birşey var mı?
(*Is there anything you would like to tell or anything else I did not ask?*)

APPENDIX E

THE FINAL SET OF QUESTIONS OF THE SEMI-STRUCTURED INTERVIEW FORMAT

1) Kaç senedir evlisiniz? Eşinizle nasıl tanışıp evlendiğinizi anlatabilir misiniz?
(*How long have you been married? Could you please tell me how you met and then decided to get married?*)

2) Onunla evlenmek istemenizin temel sebebi neydi?
(*What was the main reason behind your decision to get married with her/him?*)

3) Eşinizin kanser teşhisi ve tedavi sürecinden önce nasıl bir ilişkiniz vardı, anlatabilir misiniz?
(*Could you please tell me how your marital relationship was before the breast cancer diagnosis and the treatment process?*)

4) Eşinizle aranızda duygusal bir problem yaşandığında nasıl hallederdiniz?
(*How did you deal with the emotional problems that arose in your relationship?*)

5) Çocuklarınızın doğumu ilişkinizi etkiledi mi? Nasıl?
(*Do you think that the birth of your child(ren) has affected your relationship? (If so, how?*)

6) Kanser teşhisi ve tedavisi çiftler için hem bireysel hem de ilişkisel olarak zorlu bir süreçtir. Bu süreçte siz bireysel olarak neler yaşadığınızı anlatabilir misiniz?
(*The diagnosis of cancer and its treatment is a difficult process for couples both individually and relationally. Could you please tell me about what have you gone through individually throughout this process?*)

7) Sizi bu süreçte en çok ne zorladı?
(*What challenged you the most?*)

8) İlişkiniz açısından zorlandığınız zamanlar oldu mu?

(*Were there any times you got challenged by your relationship?*)

9) Bu süreçte size iyi gelen, size destek olan ne/neler (kim/kimler) oldu?

(*Was there anything that made you felt better during this process? Was there anyone who made you feel supported?*)

10) Bir çift olarak teşhis ve tedavi sürecini nasıl yaşadınız? Nasıl başa çıktınız?

(*How do you think that you have gone through the diagnosis and the treatment process as a couple? How did you cope?*)

11) Kanser deneyimini yaşamak çift olarak ilişkinizi etkiledi mi? Nasıl?

(*Do you think that the cancer experience has affected your marital relationship? If so, how?*)

12) Bundan sonrası nasıl olsun istersiniz?

(*How would you like to proceed with your life after such an experience?*)

13) Benim size sormayı ihmal ettiğim, önemli olduğunu düşündüğünüz başka bir şey var mı?

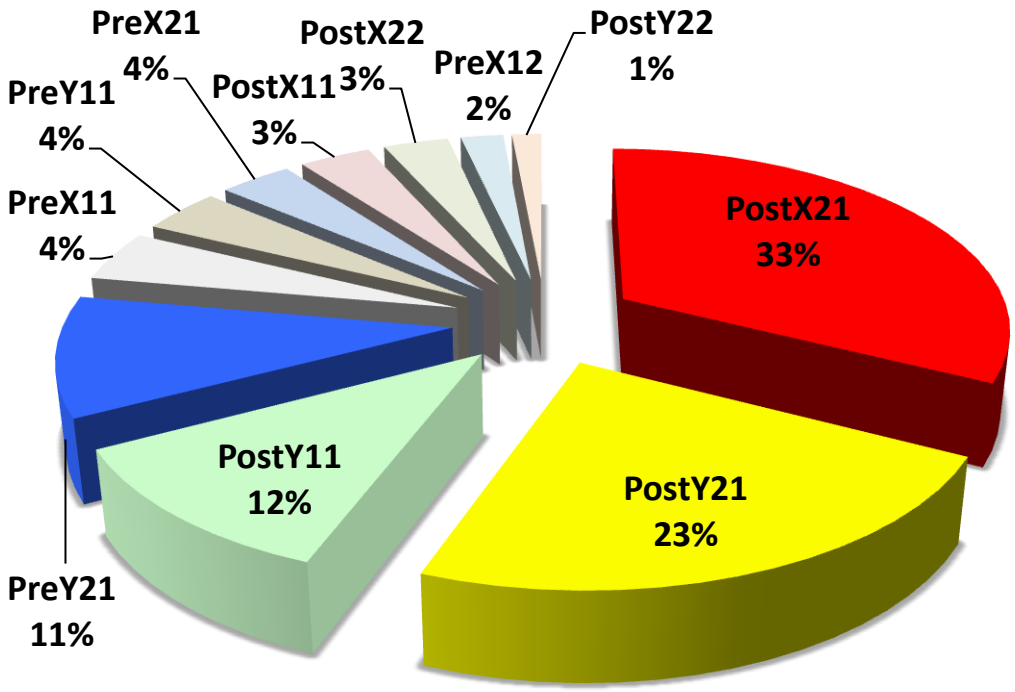
(*Is there anything else that I did not ask and you would like to add?*)

14) Bana sormak istediğiniz bir şey var mı?

(*Is there anything you would like to ask?*)

APPENDIX F

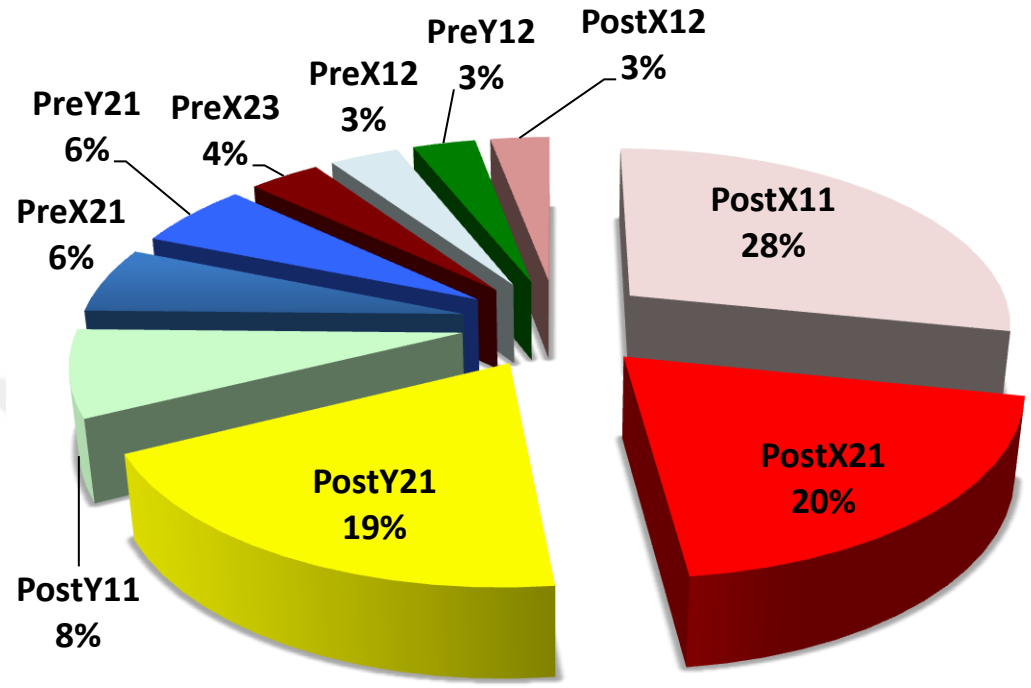
THE DISTRIBUTION OF FOCUSED CODES FOR "BEING WE" COUPLES



(**PostX21:** Wives' perception of coping as a couple after breast CA, **PostY21:** Husbands' perception of coping as a couple after breast CA, **PostY11:** Husbands' perception of jointly constructed relational climate after breast CA, **PreY21:** Husbands' perception of coping as a couple before breast CA, **PreX11:** Wives' perception of jointly constructed relational climate before breast CA, **PreY11:** Husbands" perception of jointly constructed relational climate before breast CA, **PreX21:** Wives' perception of coping as a couple before breast CA, **PostX11:** Wives' perception of jointly constructed relational climate after breast CA, **PostX22:** Wives' perception of coping within the extended family system after breast CA, **PreX12:** Wives' perception of relations with families of origin before breast CA, **PostY22:** Husbands" perception of coping within the extended family system after breast CA)

APPENDIX G

THE DISTRIBUTION OF FOCUSED CODES FOR "BECOMING WE" COUPLES

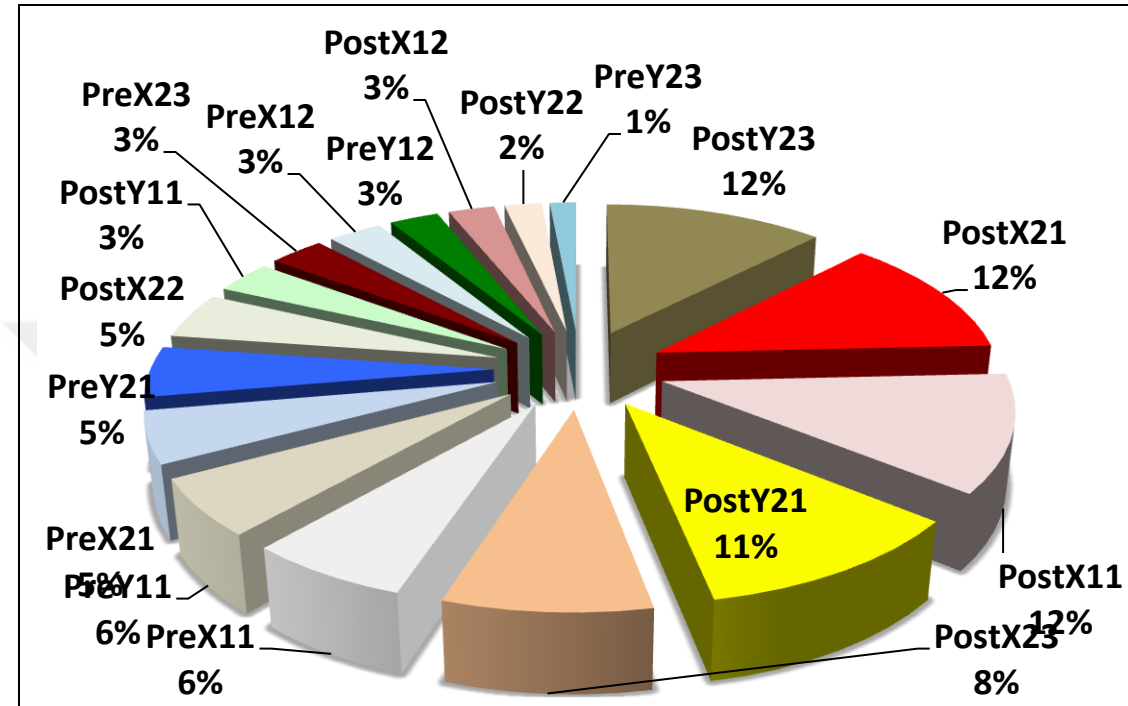


(**PostX11:** Wives' perception of jointly constructed relational climate after breast CA, **PostX21:** Wives' perception of coping as a couple after breast CA, **PostY21:** Husbands' perception of coping as a couple after breast CA, **PostY11:** Husbands' perception of jointly constructed relational climate after breast CA, **PreX21:** Wives' perception of coping as a couple before breast CA, **PreY21:** Husbands' perception of coping as a couple before breast CA, **PreX23:** Wives' perception of individual coping after breast CA, **PreX12:** Wives' perception of relations with families of origin before breast CA, **PreY12:** Husbands' perception of relations with families of origin before breast CA, **PostX12:** Wives' perception of relations with families of origin after breast CA)

APPENDIX H

THE DISTRIBUTION OF FOCUSED CODES FOR "NEVER FEELING AS WE"

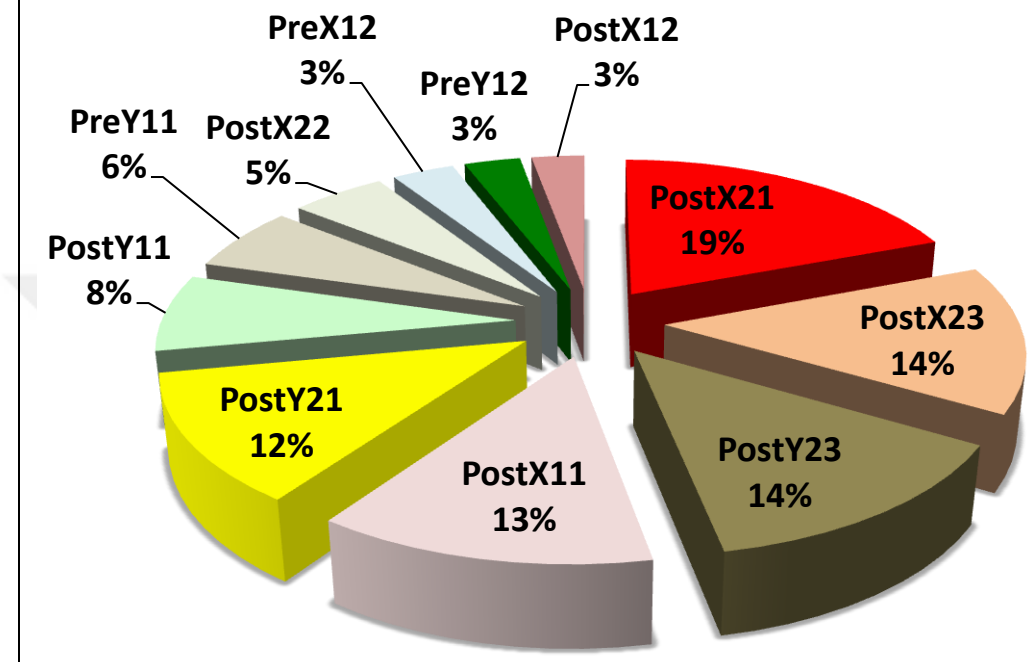
COUPES: CONFLICTUAL RELATIONAL PROCESSES OVER TIME



(**PostX21:** Wives' perception of coping as a couple after breast CA, **PostX11:** Wives' perception of jointly constructed relational climate after breast CA, **PostY21:** Husbands' perception of coping as a couple after breast CA, **PostX23:** Wives' perception of individual coping after breast CA, **PreX11:** Wives' perception of jointly constructed relational climate before breast CA, **PreY11:** Husbands" perception of jointly constructed relational climate before breast CA, **PreX21:** Wives' perception of coping as a couple before breast CA, **PreY21:** Husbands' perception of coping as a couple before breast CA, **PostX22:** Wives' perception of coping within the extended family system after breast CA, **PostY11:** Husbands' perception of jointly constructed relational climate after breast CA, **PreX23:** Wives' perception of individual coping before breast CA, **PreX12:** Wives' perception of relations with families of origin before breast CA, **PreY12:** Husbands' perception of relations with families of origin before breast CA, **PostX12:** Wives' perception of relations with families of origin after breast CA, **PostY22:** Husbands" perception of coping within the extended family system after breast CA), PreY23: Husbands' perception of individual coping before breast CA)

APPENDIX I

THE DISTRIBUTION OF FOCUSED CODES FOR "NEVER FEELING AS WE" COUPLES: DIVERGING TRAJECTORIES AFTER THE CANCER EXPERIENCE



(**PostX21:** Wives' perception of coping as a couple after breast CA, **PostX23:** Wives' perception of individual coping after breast CA, **PostY23:** Husbands' perception individual coping after breast CA, **PostX11:** Wives' perception of jointly constructed relational climate after breast CA, **PostY21:** Husbands' perception of coping as a couple after breast CA, **PostY11:** Husbands' perception of jointly constructed relational climate after breast CA, **PreY11:** Husbands" perception of jointly constructed relational climate before breast CA, **PostX22:** Wives' perception of coping within the extended family system after breast CA, **PreX12:** Wives' perception of relations with families of origin before breast CA, **PreY12:** Husbands' perception of relations with families of origin before breast CA, **PostX12:** Wives' perception of relations with families of origin after breast CA)

APPENDIX J

THE ORIGINAL TURKISH VERSION OF "BEING WE" COUPLES'

NARRATIVES

10x:" dost kalabilmeyi becerebildiğimiz, arkadaş olmayı, beraber bir şeyler yapmayı becerebildiğimiz bir ilişki..yani nasıl söyliyim ben güvenirim 10y'a..mesela bilirim ki benim iyiliğimi düşündüğünü bilirim. O da bilir benim benim de onun iyiliğini düşündüğümü..".

10y:" …ve ilişkinin oturması bence o 7 senelik arkadaşlık döneminde oldu. Evlilikten sonra yani zaten fikir birliği var aramızda, evlilik sadece artık aynı evin içinde yaşamak gibi düşünüyorum".

11y:"gerçekten dönmeyi isteyecek bir yeri olması insanın çok güzel bir şey..onu kaybetmek istemiyorum çünkü daha önceki ilişkimde de belki de oydu..ilişkim 10 sene sürüp de hala bir yere varamaması o bir yere dönme hissiyatımın olmaması o ilişkide..ama onu burada hissediyorum ve kaybetmek istemiyorum".

11x: "evet biz 25 senedir birbirimizi çok iyi biliyoruz, çok yakınız. Ve her zaman çok yakın arkadaştık….. o (biten)kötü ilişkimin son 2-3 yılı falan zaten hep böyle karşılıklı konuşarak, paylaşarak geçirdiğimiz bi dönemdi ve ondan sonra biz birbirimizsiz yapamayacağımıza karar verdik. ……evlendik"…." Aşk yani başka hiçbir sebebi yok. Tamamen şey sonsuz güven, sonsuz huzur, yani onun yanında olmak demek benim için, yani dünya yıkılsa amaaan"…"

11y: "biz zaten birbirimize anlayışlıydık mesela hani birbirimize kulak kabartırdık".."o beni ne geçiyor aklımdan falan araba kullanıyorum falan nerden anladı rüzgar şeklinde bişey geçmiştir o yakalar onu..".

11x: "..böyle yapıyo..hemen ne düşünüyosun bak aklında bi şey kurcalıyosan hepsini araştır buluruz…lütfen içerde kalmasın…".

8y :"biraz empati yapma, karşı tarafı düşünme eee biraz siniri çıkardıktan sonra susmak ee genelde alttan alan bir taraf olduktan sonra çözülüyo o iş gerçekten içinden hissedip alttan aldığın zaman çözülüyo..".

8x: " eeee bi de şeydir yani hiç duygularını göstermez ama içerde başka bir dünyası vardır..eee ve çok dolu bir dünyadır o..".

11x: "konuşmak, konuşmak sadece durumu anlatmak…anlatamadım mı bak şöyle şöyle falan diye..hani biz hep bunu yaptık..hiç yani ne işte hıh küstüm sana falan öyle hiç şeyimiz olmadı, olmuyo yani..çünkü biliyoruz ki konuşmassak..en güzel şey bile bozulabilir..".

10y: "Her şeyi paylaşıp birbirinle konuşmayı, birbirinin fikrini almayı ve sevdiğimiz de bi şey bu yani..demin söylediğim gibi 2-3 gün çok yoğun olup da gece geç gelip de oturup bi konuşmazsak, yokluğunu ben hissediyorum resmen… yani bi şekilde

terapi falan gibi demek birbirimize"…"yani sorunumuz olmadı mı oldu tabii ki ama oturduk bazen de çok uzun sürdü o sorunları çözmek..ama ısrarla konuştuk konuştuk".

10x: "çünkü bu şöyle bi şey..10y'yi de acıtmaktan korkuyo ya insan .."10y evet paylaşmadı..bilmiyorum ya eder miydim (paylaşmasını terch eder miydi sorusuna cevaben)..çünkü şey bazen de böyle konuştukça daha büyüyo ya hani..".

10y: "….ben hep o ortamın değiştirilmesi gerektiğini, bunu konuşmanın bile anlamı yok..bu bi süreç, bunu yaşıycaz bitecek.."…." çözüm odaklı düşünmeye çalışmak yani oturup da dert etmeye kalktınız mı çünkü olmayan şeyleri de getiriyorsunuz..".

9y "..ama yani zaman zaman şey patlamaları oldu tabii ki, duygusal patlamalar oldu..yani isyan ettiğimiz de oldu..oturup bi köşede ağladığımız da..ama genelde eşimin yanında hep dik durduk,,eşim de öyleydi..ben de öyleydim..oğlum da öyleydi..".

10x: "ya benim hayattaki en yakın arkadaşım 10y'dır. Yani daha yakın bir arkadaşım yok. Tabii ki çok iyi arkadaşlarım var ama özel bi şiy paylaştığım bi arkadaşım yok yani..".

10y: "muhakkak her koşulda senle birlikte olacağına inandığın bi insan yanında".

8y:" ..bizim case'imizde ben onunla vakit geçirmekten keyif alan ve arkadaşım olduğu için ki böyle çok az evlilik var görüyorum"…." yani o aşk sevgi var da ama benim hayatta en çok eğlendiğim insan mesela 8x..o yüzden mesela aşk sevgiyle bu gitmez o zaman kavga olur arkadaşınız olunca aynı zamanda o..biraz daha farklı oluyo".

8x:"..eee arkadaş olarak çok iyi anlaşan ee hem böyle aynı şeyleri isteyen aynı hayalleri kuran aynı tatile gitmek isteyen bir durumumuz var(dı)"…" çok zengin olmamıza gerek yok gezelim tozalım yaşlanalım beraber yaşlanıp el ele birimiz diğerinden önce ölmesin..".

11x: "…en çok tutunduğum..ya en çok tutunduğum yine biz. Hep biz deriz biz, yani bizim aramızda öyle bir söylem var biz olmak"….."ee hep şey yani, evet başımıza bi şey geldi ama bunu çözebiliriz..çözüm yollarımız çok, hepsini birlikte yaparız".

8y: " yok bence kesin çift olarak başa çıktık..herkes kendi köşesinden başa çıkmaya çalışırsa, ben alkole veririm kendimi. İki üç kızla takılırım arada ben başa çıkarım sonra ona dönerim. O da annesini alır yanına..öyle de başa çıkılır. Vardır böyle başa çıkan…ama biz beraberdik bu süreçte hep çift olarak başa çıktık".

8x: "….o sırada böyle 8y'nin verdiği enerji inanılmaz bir enerji.."…" böyle hani o böyle bi sevgi olduğu zaman öyle bi enerji geliyo insanın üstüne".

10x: "yani bi kere ben hala mesela heyecanlanıyorum 10y/ye karşı..benim için çok önemli yani o..yani bizim esas biyerde buluşacağımız zaman falan onu görmeden önce hala heyecanlanıyorum.."hoş adam, aa hala hoş adam falan yapıyorum…".

10y: "hala kendisinin biraz fazlası olduğunu söylüyo ama bence hiç.."…."hoş da bi kadın yani…öyle olduğunu düşünüyorum açıkçası".

8y: "çok sarılırız da ..yani hastayken de sarılabiliyosun yani onda bi şey yok. Dokunma güdüsünü o ihtiyacı karşılıyabiliyorsunuz"…"ay saçı döküldü, çirkin oldu gibi gelmiyor..yani bilmiyorum insan beyni onu öyle kodlamıyo..O öyle kodladığımı düşünüyo hatta göstermedi bana saçını bir süre..sonra çıkardım peruğu baktım..ama kötü gelmiyo ki..".

11x:"…ama sağolsun o kadar şey ki tv seyredicez mesela geliyo böyle..ya da yürürken de..hiç elimi bırakmıyo…..ya bunlar çok önemli şeyler bu çok şey çünkü nasıl denir ee zorla yapılcak şeyler değil…bu demek ki içinden geliyo..benim de öyle içimden geliyo…o zaman bunun karşılığını buluyo olmaktan gerçekten çok mutluyum".

10x: "..bi de şey.hem zeki olduğunu düşünüyorum onun akıllı bir adam olduğunu düşünüyorum. Bana çok güven veriyo..bi şey yapmadan önce muhakkak sorarım ona. Onun fikri benim için çok önemli yani".

10y:"..bi de benim için çok değerli o..ee üslubu sert değil yumuşak, fakat o yumuşaklığı ile kendini ifade eder ve sizi de ikna eder".."tarzı, üslubunu çok beğeniyorum, sadece bana davranışı değil, diğer insanlara da yani..hangi ortama girsek insanlarla gayet güzel, mesafeyi de koruyo, üslubu , iletişimi çok iyi".

7y:" ..7x'in en güzel özelliği benim için dürüstlüğü..ama onun yanında çok açık kalplidir".."hakkaten içten gelerek temizlikle içi dışı bir olması..bi de hiç yalan söylememesi, dürüst olması benim için çok büyük önemliydi".

8y: "bence öyle şeyler ayakta tutuyor..uzun vadede".."…8x'in case'inde, o şeydir..git kafanı dağıt gez gel dediğindeaslında o uzun vadede ilişkiyi ayakta tutuyor".

8x:"..özgür bırakmak ve karışmamak buna da gücenmemek alınmamak çünkü benle birlikte olmayı istemiyo gibi bir duygu değil bu..hiç böyle şeyler olmuyo içimde çünkü onu yaşadıktan sonra ona daha büyük bir sevgi duyuyosun..".

10y: "..işte huzurlu, sağlıklı bi şekilde yaşayalım"..".gezelim, farklı yerler görelim, farklı ülkeler görelim. Hiç şimdiye kadar yapmadığımız şeyleri yapmaya başladık".

7x: "…işte gezelim… ne görsek ne olsa kar".

7y:"…diyorum ki sakin bir yerde…beraber hayat yaşamak..."."işte orda kalıp burda kalıpböyle sakin bir hayat istiyorum"….7x'le atlayalım gidelim…gezelim dolaşalım öyle bir hayatımız olsun".

11x: "..bunun gibi devam etsin"."yine bir büyüycez yine bisürü şey öğrenicez yolda giderken" …."zamanımızı güzel değerlendirelim istiyorum".

11y:"…bu şeyin kaybolmamasını isterim (ilişkilerini kast ediyor)..zenginleşmesini isterim..belki çocuğumuz olur…şu anki zenginliğimin daha ileri adımlara gitmesini isterim açıkçası".

11x:"..bu bana böyle bir şey getirdi yani bir şeyleri böyle kendimde farkedip, ertelememek..ya da canım sıkıldı..üzüldüm sen bana böyle bir şey söyleyince..bunu konuşabilmeye başladım…"evliliğimizi yani ne biliim biz böyle şey oluyoruz güzelleşiyoruz galiba..bu süreç bizi güzelleştiriyo..zaten güzeldik"…"sanki bi yolculuğa çıkmışız…yolda işte keşfede keşfede gidiyoruz.."…"ben seninle yaşamayı

seviyorum ama seninle her şeyi yaşamayı seviyorum dedi..bu ne büyük bir güç..tarifi yok yani..".

11y: "..biz zaten birbirimize anlayışlıydık hani birbirimize kulak kabartırdık. Hani…aşk birliktelik neyse onun sürecinden sonra rutine biner derler ya..en azından şimdiye kadar o rutine binmeyi yaşamadık..".

7y: "daha çok bağlandık belki de diyorum"…"daha çok yakınlaşmış olabilirim ben kendi açımdan..bağlanmayı öğretti bana biraz daha hayat arkadaşlığının ne olduğunu belki de anlattı bana…" bu olaylardan sonra daha hoşgörülü oluyosuni daha sevgi dolu oluyosunuz".

9x: "o süreçte beraber baktık oğlumuza… hani biz ikimiz de çalıştığımız için hafta sonu çamaşır yıkarız.. o çamaşırları asar bana yardım eder..işte süpürür falan".

9x: "oğlumuzla çok ilgilendi..onun ödevleriydi falan. Biz hep beraber yapardık paylaşırdık. Ama o hastalığım sürecinde hep o baktı..".

10 y:"yani ben gayet eşimle birlikte olmaktan mutluyum, memnunum…birlikte bir çocuk yetiştiriyor olmaktan son derece mutluyum.."….." ben o sırada işte oğlumuzu okula götürmek, antrenmana götürmek, almak gibi görevleri ben üstlendim o dönemde..iş ortaklarıma hani ben şu aralar biraz daha fazla eve yönelik hareket etmem lazım deyip..".

11x:" ..yani biz olmasaydık bu süreç böyle atlatılamazdı. Şey değil yani ilk ameliyattan sonraydı galiba annem şey dedi nasıl yani kötü de mi çıkabilir? Şimdi onlar çok daha dışındalar aslında..".

11y:"annemlere bir iki hafta 11x'i göstermedim 11x'le konuşturtmadım bile..ameliyat kanser vs söyleyince vah vah yapacaklar"…"çünkü ne benim annem ne onun annesi iyi gelmeyecekti yaş itibari ile zorlanacaklardı hem de psikolojisi iyi gelmeyebilirdi..ablamdan rica ettim o geldi ve arkadan 15 gün boyunca eve onun kardeşinden başka giren çıkan olmadı. Telefonları bile açtırtmadım ya ablam açtı ya ben açtım"…çünkü bişeyle karşı karşıya zaten o yaşıyo bi de böyle birilerine laf anlatıyo olmak zaten çok fazla yorardı onu.."

10y: "annesi yaşlı ve kırılgan bir hanım..annesinden saklama gereği duydu..bütün o süreç boyunca onun talebi ile ailesine çok fazla bilgi vermedik… çok böyle içimize de kapanmadık. Çok yakın çevremiz olan herşeyi biliyodu….ondan sonra sağolsun çok insan yanımızda olma illa ben gelicem kemoterapi seanslarına. Hiç karıştırmadık sadece ikimiz gittik".

10x: "annem de bilmiyor..benim iki ablam var onlar da kendi kontrollerini yaptırsınlar diye benim kemoterapim bittikten sonra söyledim.."."10y bütün kemoterapilerime benle beraber geldi. Benle zaten başka kimse gelsin istemedim".

9x: "..hep beraber yaparız biz her şeyi eşimle. Ailelerimiz de çok destek olur. Benim annem babam..onun annesi babası..çok çok iyi insanlardır..bi tane büyük abimiz var eşimin abisi..onun eşi de böyle çok becerikli bi kadındır..onlarla da çok yakınızdır duygu olarak..yani ailede herkes destek verdiği için o dönemde bunlar atlatıldı".

9y: "ya ailemizle..ben kardeşlerimle paylaşıyodum..sağolsunlar bizi hiç yalnız bırakmadılar. Geldiler gittiler telefonla sürekli aradılar, bize moral verdiler. Yalnız

bırakmadılar. Ailem yalnız bırakmadı. Arkadaşlarımızdan da var. Sürekli destek oldular".

APPENDIX K

THE ORIGINAL TURKISH VERSION OF "BECOMING WE" COUPLES'

NARRATIVES

6x: "..aslında çok hani kızgınlıklarım var…yok anlayamadılar. Aileleri de katıyorum….çok yakın arkadaşlarımı da katıyorum…eşimi de katıyorum…herkes gördü bi şeyler yalnış gidiyo..hep diyolar destek almalısın…almalıyım ama nerden başlıycam bilmiyorum…ona bile gücüm yoktu yani…".

6y: "…gerçekten de ilişkinin yüksek seviyesini aşağıya doğru çekti o süreç gerçekten aşağıya doğru gittik yani. İki taraftan da gittik çünkü onun o tarz tavırlarına benim çok anlam verememiş olmam belki o dönemde profesyonel yardım almamız gerekirdi".

5y: "evlendikten sonra olay çok düzgün başladı her şey düzgündü ama ondan sonra artık birbirimizi tanıma şeyi midir gerçek kimliklerimiz ortaya dökülünce burada biraz çatışmalar başladı….sözlerle tartışmalar yeri geldiğinde bağrış çağrışlar…".

5y: "….bu bizim hatamızdı sonuçta…bunu her zaman için söylüyoruz…..o insanlar bizi görmek istiyolar mutlu olmak istiyolar..temelinde olayın bu vardı..gidebildiğimiz kadar kalkıp gidiyoduk sesimizi çıkarmıyorduk..".

5x: " …kırmamak amaçlı birazcık kendimizi ortada…şimdi geçmişe bakınca ortada bizi ser sefil etmiş..gereksiz yere işte böyle, her cumartesi pazar…yorgun da olsak hani zaman ayırmaya çalıştık diyim…yoksa bizim bireysel anlamda bişeyimiz olmadı…anlaşan bir çift olduk çocuk doğana kadar…".

5y: "…şöyle ki çocuk doğdu, anne çocuğa çok fazla eğildi...kendimi yalnız hissettiğim zamanlar oldu..derken o arada…annem de işin içine girdi, kayınvalidem de işin içine girdi…orda çok boşlukta hissettim.."…" çocuk ağladı..pat kayınvalidem içeri girdi..bi şey söylemedim ama içimde noluyoruz.."…" ilk çocuk olduğu için hevesle ben de kalıyım göreyim edeyim yapayım…fakat o arada annem atlıyo..kayınvalidem atlıyo..işte çocuk öyle yıkanmaz…bizim şeyimiz yok gibi olaylar…sanki ben dışardayım..".

6y: "6x hamile kaldı…doğum vs işte ondan sonra en zor zamanlar başladı..annesini gönderdi..çünkü kendinden çok insanları düşünür annesi yorulmasın..annesine sıkıntı olmasın…ben başımın çaresine bakarım ben güçlüyümden dolayı…bunu hep hayatı boyunca yaptığı için..annesini düşündüğü için…işte bu noktada annemin desteğini fazla alamadığımız için..eve kapanmalar falan filan…".

6x: "…ben çok kolay yardım isteyebilen biri değilim. Yardım da değil hiç bişey isteyemem ben insanlardan. Hala yapamıyorum…. Öğrenmem gerekiyo. Ama o dönemlerde hiç yapamıyodum." "Psikolojik olarak da yorgundum. İçimde bişeyler yardım iste diyo ama isteyemiyorum. Hani bunu dile dökemiyodum bi türlü…atıyorum ailede biraz organize edip gelip biraz çocuğa bakın biz iki saat çıkalım…. ama gerçekten yardıma çok ihtiyacım vardı o dönemde. Zor bi süreç geçirdim çok zor bi süreç geçirdim"…

5x: "..kırmamak amaçlı birazcık kendimizi ortada bizi (eşi ile ilişkisini kast ediyor) ser sefil etmişiz..eşimle konuşuyoruz bunları şimdi..bizim bireysel anlamda bişeyimiz olmadı..anlaşan bi çift olduk..kendimizden bi şey yaşamadık..bana göre hastalıktan sonra daha olumlu olabildiğini düşünüyorum..ben belki biraz daha bencilleştim..belki olması gereken bu..şimdi çizgilerim kesin..o zaman değildi.."……."artık ben dedim ben de kendimi iyi hissettiğim için yapıyorum..ben yorgunsam ben artık hayır demesini öğrendim..sınırlarımı daha iyi çiziyorum..".

6x: "yani bence artık şunu istiyorum hani önce biz olmalıyız yani artık ne aileler ne kardeşler ne arkadaşlar bişeyi biz istediğimiz için yapalım"."mesela ailesi onun çat kapı geliyor o onun için önemli değildi mesela..hani benim kadar sorun etmiyordu..eee…ama şimdi gördü ki benim için de sorun artık o da bunu ifade etmeye başladı onlara..".

6x: "… kanser yakaladı bizi…çok ufak bi detaydı ama..bunu ben söylemedim ona..hep böyle bahsederken kanser yakaladı bizi diye konuştu. 6x kanser oldu hiç demedi mesela".

6x: .."şunu gördük..ikimizden başka kimse yok aslında..yani benim annem bile ..beni büyüten doğuran insan…eşim kadar bana yakın değil şu anda..aynı şekilde ben ona öyleyim…kimin yanında bu kadar çıplak kalabilirsin en basitinden…senin her halini görüyorum..sen benim her halimi görüyorsun..bize birbirimizden daha yakın insan yok..".

6y: "..çünkü diyorum bu öyle bişey aramızdaki bağ…bu herşeyi açıklıyo diyorum"…"…temelinde bu sevginin..birlikte olma isteğinin hep olduğu gün gibi ortada..biz çok güzel zamanlar geçirdik..çok zor zamanlar da geçirdik..daha da güçlendik..".

5x: "işte sağolsun bana destek verme anlamında onun eve katılım anlamında daha olumlu etkileri var.."böyle işte sağolsun eşim bana evde yardımcı oldu..yemek yaptı.."…. "..benimle çok ilgilendi..sağolsun bi çok yükümü alıyo..her tür desteği bana vermeye çalışıyo…"…"bana göre hastalıktan sonra daha olumlu olduğunu düşünüyorum..eşime bakarak söylüyorum.."

5y: "..çok korktum..onu sevdiğim için korktum..yani ben çocuklarla kalıcam naparım ne ederim değil..sadece onu kaybetmek korkusu çok beni çok çok yıprattı"…"birbirimize daha çok bu olayların bağladığını düşünüyorum…ne kadar boş şeylere kızdığımızı ne kadar boş tartışmalar anlamsız konuşmalar yaptığımızı…daha çok bağlılık olduğunu..ben daha çok bağlandığımı düşünüyorum.."

5y:"… hatta kendisi yogaya da gidiyo biraz daha sosyal hayata fazla bi önem vermeye başladı ki ben olması gerektiğini en baştan beri söylediğim ve desteklediğim konulardı bunlar. Her insanın olması gereken, yapması gereken olaylar olduğunu… onları yapmaya başladı".

6x: " mesela ben hiç eşimin beni aldatmış olduğunu düşünmedim…hiç bana böyle bi izlenim vermedi..", "..düşünüyorum gencecik bi insan eve geldiğinde sürekli hasta ve yatan bi kadın görüyo..ee çok normaldir..ama bana hiç yaşatmadı..benim başıma aynı şey gelse sen bunu mu yapacaktın dedi..".

6y :"..söylüyorum kızım ben sana söz vermedim mi diyorum evlenirken bi söz vermişsin iyi günde kötü günde demişim..bizimki tam buna uyuyo….aynı şey benim başıma gelmiş olsa….sen beni bırakıp gidecek misin?....o biterse diyorum (cinselliği kast ediyor)…bırakmazsın çünkü bu öyle bişey aramızdaki bağ..bunla ilişkili diyorum..bu kadar basit değil yani..".

5y: "…cinsel hayat konusunda normal bir düzenimiz vardı….tabii ki hastalıktan rahatsızlıklardan sonra bu olaylar bozuldu ama….o ne zaman mutlu ve rahat olursa ben onla her zaman beraber olurum.."…"o da kendini eee serbest bıraktım ne olur olmaz onun insiyatifinde..".

5x: "eşimin yaklaşımı Allaha şükür hiç bi şekilde meme yokluğunu hissetmedim o açıdan.."."giderek daha iyiye giden bi süreç olduğunu düşünüyorum aramızdaki ilişkinin..".

6y: "..o 6 ay süresince cinsellikle ilgili bi şey düşünmemek basit benim açımdan basit…sadece biraz daha koruma içgüdüsü var….benim tarafımdan biraz daha incitmeyeyim.."…"…böyle sıkıca sarılamıyosun tabi de en azından sarılıp öpme koklama vs şeyleri var zaten o zaten bitmiyo..ama o fiziksel tarafı biraz daha yavaş gitmesinden yanayım ben..".

5x: "5y ile oturduk hesap kitap kalk hadi gidelim çocuklara da sorduk..dedik ki; Haziran'da X şehri…Şubat tatilinde de Y şehri..çocuklar da çok mutlu oldu..dedim ki hayat; bunları da görmüş olduk..es geçilmeyecek şeyler olduğunu gördüm artık..".

5y: "..bundan sonra…bi hayal olarak kurduğumda…gene eşimle beraber olabileceğim çocuklarımın büyüyüp okuluna gideceği…ve en sonuna kadar tamamen onunla mutlu olabileceğim bir hayat..pembe panjurlu ev de olabilir..pembe panjurlu bir çadır da..yeter ki birlikte olalım.."

6y: "…bunu görmüş olduk..bu tarz böyle hafta sonu kaçamakları yapabiliriz…buradan biraz uzaklaşmak..işte daha temiz hava, sakin ortam, çünkü ikimiz de o tür dünyaları çok seviyoruz..".

6x: "..evin içine hiç kapatmadı beni mesela…hadi çıkalım bi temiz hava alalım..mesela nereye gitmek istiyorsun…….canın ne yapmak istiyorsa sen organizasyonu yap hadi 6y gidiyoruz de bana..bunu söylemeye başladı artık mesela..bu hafta sonu öyle yaptım..gidiyoruz dedim..tamam dedi"

APPENDIX L

THE ORIGINAL TURKISH VERSION OF "NEVER FEELING AS WE"

COUPLES' NARRATIVES: CONFLICTUAL RELATIONAL PROCESSES OVER TIME

1x: "..valla eşimden beklentimin artık çok net olduğunu, yani şey olarak o da biliyor. Yani elinden daha böyle babam gibi aileyi böyle hani çekip çevirmesini bekliyorum.."…."hani derler ya erkek hani dışardadır avlanır, hani kadın evine bakar…ben böyle artık işte yuvayı yapma haline yani dışarda savaşmak istemiyorum".

1y: "….zaman zaman bekar olmak bana çok daha iyi gelecek diye…ben de düşünüyorum..böyle ciddi ciddi de hani….içinden çıkamadığın anlarda da hep böyle düşünüyosun…hep şey düşünmüşümdür çocuk olmasa boşanırdım.."…."işsiz kalma badiresini atlatamayız..boşanır"…"..yani ne kadar kötü hissettiğimi size hani anlatamıyorum..çok üzülüyorum..benim bu konuyu çözmem mümkün değil..öfkeleniyorum da.kendini de çok yoruyo..inanılmaz mutsuz oluyo…mutsuz oldu mu bu olaylardan devamlı kavga çıkarıyo.."…"..evlenebileceğim biri dedi yani aşık olmadı..bana aşık olduğunu düşünmüyorum…ee ben tamamen aşkımın uğruna evlendim..".

2x:"..yani işte bazen onu da diyorum vallahi..ne sen benim isteklerimi anlayıp hitap edebiliyosun, ne ben senin isteklerini anlayarak hitap edebiliyorum. Birbirimize hitap edemiyoruz..".

1y: "…içime atıyodum..sonradan işte içime atmamaya başladım..ama her şeyi söylemedim yine her düşündüğümü de…..belli bir noktada da kestim..çünkü hep şeyin farkındayım ve ben ne kadar büyütürsem daha da büyüyecek…o sussun noktasında ben hep en sonunda susan taraf yine olmayı tercih ettim..halen de öyle oluyor.."…"aslında hani kanserinden ziyade onun o haliyle ve bizim yaşayacaklarımız bende onun kanser olmasından belki daha büyük endişe yarattı.."…"ben onunla çok fazla hani içimde yaşadığım kadar ona yaşadıklarımı hissettirmediğimi düşünüyorum…".

1x: "şöyle bu sizin şeyiniz yani bana özgü sonuçta..ben doktorlarımı kendim araştırdım..bazı doktorlara annemle gittim..hepsine eşimle gidemedim.."…"onları falan ben böyle eşimle şey olmadı..yani bizim okey, tamam, yardım hani ben şey oldum bi proje gibi düşünün..benim projem..".

2x: "…o koordinasyon , yönetim ondaydı herşey finans…her şeyi o yüklendi…hiç biriyle ben ilgilenmedim…randevuyu bile almadım yani alamadım..bana kalsa almam zaten bırakırdım…"……"hiç bi şey yansıtmadı..bilmiyorum başka bi adam olsa belki der senin hastalığından illallah geldi, ruhumuzu daralltın ben gidiyorum der..".

2x: "..yani işte bütün delge alt üst oldu..vücut alt üst oluyo..bi türlü geriye de çok kolay toparlanamıyo yani..hep böyle bir mücadale, kendinle savaş veriyosun normal olabilmek için..çocuklarınla eşine karşı bişey hissettirmeyip hayata devam edebilmek için..".

1y: "çünkü ben ona bu hissettiklerimi ve onun hakkındaki düşündüklerimi böyle açık açık söylemem mümkün değil..söylersem çok üzülür..kabul etmez".

2x: "..o daha böyle duygularını içinde, ben belki anlamıyorumdur bile ne hissettiğini..içinde daha içinde yaşar ben car car konuşurum, söylerim o ..hı hı kafa sallar".

2x: "…ben istedim ki…yani duymak istedim..sensiz yapamam sen olmazsan ben bir hiçim. sen nolursan ol yanımda olmalısın, bunları duymak istedim ama böyle davranmadı.."…"ya valla içinde yaşadı her şeyi, çok sakindi…kiralık katil sanki diyorum..soğukkanlı..".

2y "..valla bi iki kere böyle çok da paylaşmak dedim ya erkekler için bu kolay değil. Erkekler biz beceremiyoruz o tip şeyleri. En yakın arkadaşınız bile bu konuyu açmak istemez. Beceremeyiz biz bu tip konuşmaları…ee..çok kısa…arkadaşlarımla konuşmuşluğum vardır ama öyle derin derin bi konuşmalar değildir yani..negatif enerji sonuçta tatsız bi konu..çok fazla konuşmuşluğum yok yani..".

2x: "..belki bu kadar açık değil ara ara aklıma gelen şeyleri söylüyorum ama hani bu kadar kendim de farkında değilim aslında"…"..onunla konuşsam ağlardım herhalde..bilmiyorum benim düşüncelerim onun için şey olabilir yani..aptalca..".

2y: "..etkiledi tabii..yani etkilemiyo deseniz yalan olur..etkiledi, yani hiç bi şey olmasa hani fiziksel olarak ciddi bir çöküntü var..ee ruhsal olarak ciddi bir çöküntü var..dolayısı ile tartışmalar olmuştur..vesaire..hani şey işi tartışma işi yükseldi bence..eskiden biz bu kadar tartışmazdık..hele ben bu kadar uzatmazdım..şimdi daha kolay tartışıyoruz..".

2x: "ben ne bileyim işte aile yetiştirme tarzı tutmuyor..terbiye tutmuyor..espri anlayışı bile tutmuyor.."…"iş evliliğe dönünce bazı şeyler tutmuyo yani..".

1x: "Yani çok zor beğenirler hep yani yedi sekiz alırsın niye on almadın…… Yani işte tasarruf edelim çünkü geleceğimiz bilmemne, ondan sonra işte bi aile şeyimiz akrabalarımız gelir, onlar kendi çocuklarını överler. Bizimki tam tersi sürekli…. hep daha iyisi olsun, hep daha iyisi olsun"…."Başka ne söyleyebilirim bi de öyle yani mesela müzik yoktu hayatımızda bizim. Mesela F. müzik çok dinler, şey yapar yani ailede nasıl yetişiyosanız, bi sanatla ilgili bişey yoktu. Bi de küçük yerde geçti benim şeyim"……" Böyle bi bağrışma vesaire var. Fakat eşimde hoşuma gitmeyen şöyle şeyler oluyodu; biriktirme yani ben mesela şey yapmışım o anda çözmüşüm açılmış o mesela o hani kavga anında bişey biriktirmiş ve farklı algılamış yani öyle şeyler hani"…." bana aileden gelen o baskı aslında benim o yönümü çok geliştirmiş yani farklı alternatifler var, farklı senaryolar ne olabilir, bunu nasıl başarırız. Yani ben çoğunlukla sonuna kadar denerim……o daha kolay pes eder. Daha hani birine kızarsa, daha belli etmez, daha sabırlı, daha yumuşak şey falan öyle".

1y : " Eee mesela annesi çok dikkat eder sen kaç para maaş alıyosun, o kaç para maaş alıyo, siz burda bu işi yapıyosunuz ama acaba ne kadar kazanıyosunuz yani son

derece öyle maddi. Benim de böyle, babam ne kadar ne maaş alır ben bilmem. Annem benim ne maaş aldığımı bizim ailede de tam tersi parayla pulla bi ilişkimiz yok".

1y: "İçimde tuttuğum daha fazla oluyo"….."..birikiyo ama hani bi de uygun zamanı kolluyorum. Daha sakin konuşabileceğim bi ruh halimi kolluyorum. Çatışma olsun istemiyorum. Sevmiyorum ben çatışmaya girmekten hoşlanan bir kişi değilim".

2y: "..onun haricinde bi de şeyi farkettim tamam aileme de vakit ayırıyorum ama kendime de hiç vakit ayırmadığımı farkettim".."ciddi bir bunaldığım dönem oldu..dedim ki kendi kendime..bunun içinden çıkmam lazım..sonra dedim ki…sevdiğin şeyler vardı…şu anda yok..onları yeniden hayatının içine sok..".

2y: "..2x..ee yaratması açısından kendi kendine telkin ettiği şeyler var..işte spor yapıcam falan filan gibi şeyler söylüyo..annesi de şu anda yanında..bir iki teşebbüsü var ama bakalım devam ettirebilecek mi..inşallah…geçen hafta gitti hastalandı..şimdi grip zaten..ara verdi..yapması lzaım yani..".

1y: "ya şimdi benim beklentim şu; mutlu olan bi 1x ile ben zaten çok mutlu olurum.ee benim tek beklentim mutlu olacağım bi ilişkim olsun..her halimle her kazandığım parayla kabul edecek yargılamıyacak bi kadın istiyorum hayatımda….ama nedir bu konudaki ümidiniz derseniz çok fazla ümidim var mı yok mu kendime bu sorunun cevabını vermekten korkuyorum belki. o ruh halindeki 1x'i de çok fazla taşıyamam diye düşünüyorum..daha ne kadar taşıyabileceğimi bilemiyorum..".

1x: "..yani bi şeyi zorlamasın kadınlar..yani eşiyle olmuyosa onu zorlamasınlar, işiyle olmuyosa zorlamasınlar…..mutlaka kendilerine vakit ayırsınlar..yani kendilerinin değerli ve şey olduğunu hissetsinler..yani çok fazla kendilerini tüketmesinler..".

2y "..hiç düşünmediğim sorular soruyorsunuz bana..neticede aradığım şey mutluluk değil mi? Yine eskisi gibi rahat rahat gezebildiğimiz, tad alabildiğimiz bir noktaya gelebilirsek benim için yeterli olur..geliriz inşallah o günlere..".

2x: "..hastalıktan önce de çok o tarz bi insan değildim zaten. Hiç o taraklarda bezim yoktu benim. ilaçlarla da hiç bi şey kalmadı gibi yani.."…"kanka olduk işte..sonunda kanka..ilaçlar da böyle psikolojik manada fiziksel olarak da kendinizi hiç iyi hissetmiyosunuz.. aman yani böyle 2y valla ikinci hanım serbest, git sen artık sana haktır, bende sana kızacak halim de kalmadı..".

1x: "ya biz hiç öyle yani o dönem onları düşünecek şeyde durmuyorsunuz tabii ki…".."ya şöyle şey de normalde iyiydi aramız..tedavi sürecinden dolayı baya bi etkilendi tabii ki ve hala…o yüzden de şey hani aman falan filan şeklinde şey ama normale döndü..".

1x: "…hiç hatırlamıyorum…hatırlamıyorum..yani benim en çok işte hatırladığım o şey yani insanların hani bunu sorabilmesi (cinsel hayatlarını nasıl etkilendiğini sormalarını kastediyor)".

1x: "…hem bi erkek gibi çok kendimi erkek gibi hissetmeye başlamıştım..bütün gün çalış eve geç gel..hem evin alışverişinden tut…vs…hem çocukların ihtiyaçlarına bak..o yüzden hani böyle sen bunu yap sen bunu yap diye biraz hani patronvari 1y'ye

belli etmeye başladım..aslında onun da çok düşünmesini istedim..düşünmediği şeyler oldu..".

2x: "..ama oğlan da doğduktan sonra hayatımız nasıl oldu?...kanka olduk, arkadaş olduk evin içinde zaten anca onları idare edebiliyoruz…yorgunuz zaten uyuyakalıyoruz..öyle gidelim başbaşa bir yemek yiyelim, bişey yapalım yok…".

2y: "….. tabi birbirimize daha az vakit harcayabiliyoruz. Hala öyle. Yıllar sonra ilk defa sinemaya gidebilmiştik. Mesela bize o ne kadar güzel gelmişti mesela. Dolayısıyla hep dediğim gibi destek de almayınca çocuk onun yemesi içmesi vesairesi .... ee tabi çocuk odaklı oluyo. Öyle yani etkilemesi o... birbirimize karşı bişeyimiz değişmemiştir belki de sevgi saygı orda bir eksilme olmamıştır ama birbirimize çok az vakit ayırabiliyoruz".

1x: "…. İşte ben geç geliyorum, çocuklarla ilgilenemiyorum öfke öfke öfke yani, bunları çok yaşadım yani. Şirkette oturuyorum, on iki birlere kadar çalışıyorum, sonra geliyorum çocuğu göremiyorum. Ertesi sabah yine işe gidiyorum ve böyle hani.."…." 1y bana şey dedi: yani okey tamam çalışma ama hani şeye de katlan normal ben ne getiriyosam ona da katlan ben ona da cesaret edemedim. Çünkü sonuçta, hani İstanbul belli bi şartta olmak istiyosunuz. Çocuklar, işte eğitim masrafı şu anlık büyük bişey falan filan. Neyse yıllar yani böyle geçti. Ben hala aynı durumdayım aslında".

2x: "..benim bu ince düşünmem onun hayatını kolaylaştırdı 15 senedir…hepsi benim tasamdır..hiç onun tasası olmadı..bazen diyorum otel gibi geliyosun oturuyosun gidiyosun..o ev işinde falan pek destek olmaz..".

1x: " ya ben böyle daha aktifim. Yani ne bileyim ben işte, işten sıkılıyorum bilmemne araştırıyodum. O sırada eşim araştırmıyomuş gibi geliyodu. O yüzden o anlamda çok baskı yaptım. İşte bak ikinci bi iş olarak sen de bilmemne araştırsan, şunu şunu araştırsan o da fazla anlatmıyodu da araştırmadığını zannediyodum…".

1y:"..yani yapabileceğim ne varsa hani mümkün olduğunca ilgili bi baba olmaya çalışmışımdır"…" ben yemeği yapmam ama hani ortalığı toplarım, silerim, çocuğu şey yaparım..o konuda iyi sürdürüyoruz o tarafı".

2y: "…2x hem çalışıyodu hem evle ilgilenmeye çalışıyodu..biraz da hem işin gereği öyle biraz da belki benden kaynaklanıyor..hani bu şeyi çok fazla paylaştıramadık".

2x "..bir ara aldı böyle..o anda destek oldu..ben zaten yemek yapabilecek durumda değildim..ama şimdi iyileştim..gene sanki hiç bi şey yaşamamışız gibi.. hasta olmasam da yaşlanıyorum…şey yani aynı performansı bekliyolar yine..".

1x: "..nedense bir anne onayı yani kırk küsur yaşıma gelmişim aslında eşim var, hani orda ondan da bi destek görmüyorum ama böyle anne onayı ihtiyacı var. Ben böyle şey dedim inşallah kanser çıkarım ve inşallah şu işi bırakırım çünkü yani kendi cesaretim yok bi neden olsun işi bırakmak için diye düşünüyorum..".

1y: "..1x annesinin çok sözüne inanan, dolduruşuna gelen mi diyim daha etkisi altında bi insan işte..annesi son derece maddi..benim de öyle…annem ne maaş aldığımı..bizim ailede de tam tersi parayla pulla bi ilişkimiz yok…".

1y: "..bocaladığım bi süreç geçirdim..yani nasıl davranacağımı bilemedim..ve hep yanında olmaya çalıştım ama o annesi kardeşi hani doktor süreçlerinden o hastane süreçlerinden falan çok daha titiz yaklaşırlarken ben biraz kendimi dışarda kalmış gibi hissettim"..…"…yanlış yapmiyim diye teyit etme ihtiyacı hissediyorum işte şu bi koşturma sürecine giriyosun. Müthiş bi telaş. Biraz orda sanki ben çok ilgilenmiyorum çok fazla sahiplenmiyorum gibi bi takım suçlayıcı ifadelerin de kullanmamaktan geri kalmadığını gördüm ve daha da üzüldüm".

2x: "Sorunu oğlunu paylaşamamak…. Hep onun malı. Benim evet ben yöneticem. Evini karısını çocuklarını da"…" kocamla 28 yaşında evlendiğimizde ondaki kafa oğlumdaki kafaydı yani. annem harikadır hiç yanlış yapmaz. Dünyanın en iyi annesi"... "…Şeyy derdi ki işte, çok abartıyosun…. hatta öyle boyutlara geldi ki, öyle zamanlar oldu ki sen ruh hastasısın bunları uyduruyosun bile dedi"…"biz aynı şehirde otursaydık ikinci sene boşanırdık..bizim birbirimizle bir sorunumuz yok çünkü..".

2x: "…. Başına gelenler sana az sen daha fazlasını hak ediyosun dedi (kanser teşhisini kastediyor). Ondan beri evime gelmiyor sadece".

2y: "…genelde annemdir konu..bana sorarsanız eften püften konular..".."bir keresinde ikisini de aldım karşıma, dedim ikinizi de terk etmiycem..terk edersem ikinizi de terk edicem..tercih sizin gibi bi konuşma yaptığımı hatırlıyorum..".

APPENDIX M

THE ORIGINAL TURKISH VERSION OF "NEVER FEELING AS WE"

COUPLES' NARRATIVES: DIVERGING TRAJECTORIES AFTER THE

CANCER EXPERIENCE

3x: " ..mesela arkadaşlarım izin alırlardı hafta içi..işte ne yapacaksın..İstanbul'u dolaşıcam..ben mesela yapalım..yok yok sen şimdi senin izinlerin biriksin..ne gerek var hafta içi almaya..o sıralarda bana mantıklı geliyodu..a tamam falan derdim..ama şimdi ne kadar önemli olduğunu anladım..şimdi anlıyorum..".

3y: "…ben evi severim..dışarıya çok fazla çıkmayı sevmem..yani bütün gün yoruluyoruz..eve geleyim..baktık güzel bi film..kuruyemişini koy..içeceğini koy..daha keyifli geliyodu..ayda bir diyelim arkadaşlarla buluşalım dışarda..".

4y: "..çok sosyaldir 4x..bense çok içine kapanık..benim vardır mesela arkadaşlarım..ama 4x'le dışarı çıktığımızda onun arkadaşları, hani insanları çok tanımadan konuşamıyorum onlarla.."…"o kendi beni dışarı götürür..gezmeyi de çok sevmezdim..gidelim W adasına deniz var derdim..4x'I bırakırdım annemlerin yanına.."." o hakkaten çok daha bağlıydı bana".

4x: "..birbirimizden çok farklı karakterleriz..4y çok sessiz sakin, ben çok dışa dönük, çok konuşkan..sosyal hayatı çok seviyorum..işte ben gezmeyi seviyorum..o oturmayı seviyor..iki zıt kutup..yani işte onlar filan düşündürüyordu ama misal hani evlendiğimizde hiç onlar sıkıntı olmamıştı.."

4x: "…işte o dönemde 4y çok sık annesi ve ablası ile birlikte oluyodu..mesela q şehrinden sürekli onlara gidiyoduk. tatillerde değişik bi yere gitmek istemiyodu.."."hani zaten hoşlanmıyorum..ordan çok sıkıntı yaşıyodum..çok kavga ediyoduk"…" o da hep onlardan taraf çıkıyodu"…."..sanki diyorum 4y benim kıymetimi bu hastalıkta beni kaybetme korkusu yaşadıktan sonra anladı"…"hep diyorum ki keşke hasta olmadan önce bu kadar sevdiğini gösterseydin".

4y: "..birbirimizle yani tek başımızayken ben hiç hatırlamıyorum kavga ettiğimizi. Mutlaka dış bi şey vardı..o da ailelerdi..kavga ediyoduk..meselemiz sadece ailelerdi…arada kalıyorum yani..ya diyorum ne yapabilirim…hani napıyım..tamam görüşmeyelim bunu diyim mi? hayır deme..ee napıyım?..bi şey yapma..".

3x: "..ben mesela isterim ki bariz bi şekilde yanımda duran bi kişi isterim ben bunları söylediğimde haklı olduğumu çok iyi bilir ama hiç bi zaman annesine babasına söz söyletmez yoo hayır konuşmayalım der..".

3x:.." eşim çok etkilendi bu süreçte..çok destek oldu ama o üzülmesin annem üzülmesin işte çocuğum etkilenmesin diye ben hep güçlü durumda kaldım.."…
"…ben güçlü olucama o biraz daha hani biraz daha keşke kendimi bırakabilseydim, o tutsaydı.."."işte kemoterapi aldığım zaman x ile tanıştım..o da bu süreçleri

atlatıyor..X benim ordaki yaşam kaynağım oldu…keza o da o şekilde benimle aynı hisleri yaşıyo..".

4x: "yok hiç paylaşmadım (eşini kastediyor) ..hiç ona ben ölücek miyim? düşünüyorum böyle şeyler demedim. çünkü o benden o kadar kötü durumda ki..sadece beni iyi görünce morali düzeliyo..ben ona hep güçlü göründüm…hiç kaygılarımı anlatmadım..bi annemlere anlattım..annem zaten çok dirayetli bi kadındır ben hep onu örnek alırım…...bi üzüntüsü varsa bana göstermez..iyi olucak kzım dedi..herkesin başına bu hayatta bi şey geliyo..".

3x:"…biz çok şey anne kız tam böyle hatta zaman zaman..annemin..o dönemde geçen sene 1 yıl ara oldu tabii..beraber yattık özellikle istedim annemle beraber yatmak o koynuna hani yatmak o sıcaklığı hissetmek tekrar o çocuk gibi hissetmek aynen onları hissetmek istedim.. annem de o konuda çok vericidir".

4x: " ..işte böyle annemlere ağladım..ben ölücem anne..beni gelin aranızda yatıyım..annemle babamın arasında yatıyım. zaten beraber kalıyoduk.. eşim o dönemde x şehrine döndü. hafta sonları geliyo..".

3y: "şok, öfke, inkar öyle bişey olmadı bizde..sadece üzüntü…sadece üzüntü. Ben kendim için de aynı üzüntüyü hissederim..yani bana bişey olursa ben ölümden korkmam ama küçük bi çocuğumuz var.."…."üzüntüyle baş etmek kolay olmadı….tedavide gerilemeyi görene kadar ilk iki ayda mesela ben 6-7 kilo verdim…böyle yemek yiyemez oldum.."…."endişe var..var bu beni terk etmiyor..yani atıyorum on yıl sonra beyninde çıkmış olabilir..bilmiyoruz sonuçta.."…"yani ifade edemezdim ben o duyguları..herhangi biriyle paylaşmam beni yorar, sıkar, üzer..".

3y: "..tek zorlandığımız benim biraz fazla mantıklı olmam..onun biraz daha duygusal olması..ben böyle mantıklı olmasaydım şu an bu noktalarda olmazdık.."…"hayat tarzı, bakış açısı tarzında..işe duygumu katmam hiç bi zaman..o tam tersi..tek sıkıntımız buydu.."…"arada bir sorar denemek için aşk dediğin nedir gibi..o sürprizler bekler şeyler..o bende yoktur..".

4y: "..en başta dine yöneldim. Aslında totem yaptım gibi değerlendirdim.....bi totem yaptım. İçmiycem dedim. 1.5 seneden beri içmiyorum"….." Sonra ee namaz kılmaya başladım. Namaz kılıp da dua edince hoşuma gidiyo yani. mutlu hissediyorum. Eşim için çok dua ediyorum…"….."… Ona ağlamıştım o geldi aklıma (işyerinde bir büyüğünü kastediyor). Niye o geldiyse"….Yakın hissettim kendimi hani abi gibi hissettim. Ona yani o zaman hüngür hüngür ağlamıştım. Ee yani o zaman işte çok korktum. Kaybederim ederim diye. Şimdi de çok korkuyorum. Bişey olursa naparım. Bi sürü düşünüyorum yani…sonra namaz kılıyorum dua ediyorum ona.."…"…. bazen tabi şey yapıyorum..tek başıma kalmak istiyorum. Kimseyi istemiyorum.."…"… Niye bunları ben yaşadım diyorum ya sonra olsun diyorum bunları yaşamak gerekiyomuş bu bizim sınavımız diyorum hani bu en azından bunu yaşamam gerekiyor. Bu bizi daha güçlü çıkarıcak. Bu bizim kaderimize yazılmış diyorum…"

4y: "birbirimize daha çok bağlandık..ben sevdiğimi daha çok hissettim herhalde..önceden çok belli etmiyodum."…"O hep mesela şey der sen sonradan beni sevdin.."…"işte bu anne baba olaylarında ona hak vermeye başladım..mesela anneme böyle böyle yapmayın diyorum..önceden demiyodum bi şey.."…"ne kadar dedim

gereksiz şeyler için birbirimizi yıpratmışız..böyle hep tartışmalar üçüncü kişilerdi.."…"kesin daha çok bağlandık birbirimize..şimdi her yerde rahat sevgimi belli ediyorum.."."şimdi her şeyi 4x odaklı yaptığım için, sanki 4x olmazsa tek başıma kalırmışım gibi geliyor..".

4y: "eskiden biraz daha annemlere ablamlara arkadaşlarıma biraz daha yakındım..şimdi çok yakın değilim..daha çok 4x'e..4x'i bu süreçten sonra hayatın merkezine aldım..".

3y: "…...onu daha çok koruma şeyine girdim. Yani önceden mesela karışmazdım. Şimdi o karışmıyor. Sofrayı hazırlıyorum, sofrayı topluyorum. Bulaşıklarla ilgileniyorum. Tabi şeyleri de düşünüyorum. Hem onu yormıyım. Çünkü o da çalışıyo, iş hayatına döndü çalışıyo biliyorum ki o da yoruluyo. Hatta onun vücudunda benden çok daha fazla yorgunluk var. Kemoterapinin filan etkisi, moralini de iyi tutmak zorunda. Kimisi yemek yapmaktan hoşlanır. Bırakırsınız yemek yapar. 3x hoşlanmıyo. Yani ben nasıl yemek yaparken hoşlanmıyorsam canım sıkılıyosa onun da sıkılıyo. O zaman bırak onun kafası biraz daha rahat olsun.."…"Yoğun sevgi diyim ben size ama şu ayrımı belki anlaşılır aşk tarafı acaba ama artık sevgi. Yani onun canı acımasın. Benim acısın gibisinden. Belki de biraz şeydir işte çocuğunuzu nasıl düşünürsünüz kollarsınız öyle işte..".

4x:"…etkiliyo...etkiliyo…Diyorum ki zaten sıkıcıydı iyice sıkıcı oldu diyorum. Hayatın tadına varıcamız yerde…"… " genel olarak bizim için yaptığı şeyler zaten bana hep olumsuz geliyo..", "ben erkek oldum, o kadın oldu. Bazen yemek hazırlıyo. Şimdi Cuma günü ondan kavga ettik. mesela yemek hazırlamış şey yapmış. Ben arkadaşlarımla dışardaydım. İşte kapıyı açtı dedi ki eve dedi geç geldin dedi ben yemek hazırlamıştım bi de alkollüsün dedi. Ay sanki ben erkeğim hani kapıyı açıyo hani karısı işte beklemiş yemek hazırlamış bıdı bıdı yapıyo. Bazen evet rollerimiz çok değişti yani".

4x: "İlk defa hepsini söyledim. Çünkü bütün gemilerimi yaktım. Ve aslında şöyle oldu. Ben onu da analiz ettim kendi içimde. Neden hani böyle bişey oldu. Çünkü ben daha önce tepki vermekten korkuyodum. 4y 'yi kaybederim diye. Benim arkamda olmaz. Çünkü o dönem ailesine çok düşkündü. Şimdi bu dönem ipler benim elimde gibi oldu yani birazcık hani şey olucak ama. Ondan sonrasında zaten bide o zamanlar 4y' yi kaybetme korkusu yaşıyodum. Şimdi ama çok bambaşka bi dönemdeyim. Şimdi kendime o kadar güveniyorum ki, ne kimseyi kaybetmekten korkuyorum. Yani ne şey hani böyle tek şu an kendim için yaşamayı öğrendim. Kimsenin beni üzmesini istemiyorum. Onlar yüzünden çok ağladım. Artık ağlamak istemiyorum. Çok zor dönemlerden geçtim. Yani hani bi da kendime böyle şeyler yaşatmak istemiyorum".

3x: "…h.terapi diye bi şeyleri var belki biliyosunuzdur. H. terapimde şu çıktı ki, dediler ki hayal edin zincirler var ve o zincirlerin altında neler olduğunu hayal edin ve o zincirlerden kurtulduğunuzu yukarıya doğru çıktığınızı da bu süreçte hayal edin diye bişey vardı. Gözlerimiz zaten kapalı tamamiyle. O zincirlerin altında eşimle çocuğumu gördüm. Ve bu inanılmaz bende mutsuzluk uyandırdı. Nasıl ya dedim nasıl zincir olabilir onlar ben bunu nasıl hissedebilirim falan"……."Oldu daha renkli bi 3x oldu ama daha da dışarıya çıkmayı isteyen bi 3x olunca insanlar şey oluyo mesela buradaki yeni iş arkadaşlarımda parti falan böyle ya da işte farklı yine dışarıda yemekler falan ben mesela hepsine katılmayı istiyorum eskiden hiç gitmezdim.." …..hiç bişey kaçırmak istemiyorum hayatta…" …." evlilik hayatıyla

beraber ben de ona ayak uydurmuşum bundan aslında şikayetçi değilim aslında bunun normal olduğunu zannediyodum sonra ne zamanki bu şeyler oldu aaaa dedim bu normal değilmiş yani ben işten sonra da bişeyler içmeliyim ya da işte gezmeliyim vesaire çıkmalıyım tabi ki her şey dozajında olarak yani ama bu garip bi hal aldı bi de böyle sanki babam açıyo kapıyı gibi hissediyorum".

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