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THE SPOUSE'S SOCIAL EXPERIENCE OF HIS OR HER PARTNER'S CANCER

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Abstract. Our study aims to analyze the couple's social experience of dealing with male and female cancer. The aim is to show how gender relations are played out when one of the spouses has cancer. From a gender perspective, this research is carried out with couples treated at the Oran-Algeria oncology department (CEA d'El Hassi). In addition to participant observations during consultations, the materials for this study are based on twelve semi-structured interviews conducted individually with both spouses, including two interviews with an engaged couple. The interviews took place before and after the chemotherapy and radiotherapy sessions, as well as after remission. The singular points of view of the interviewees show that the spouses' experience is permeated by social relationships. These play a major role on both the patient's and the partner's side, and depend essentially on the quality of the couple's previous relationships and the severity of the cancer. If the husband is ill, the wife becomes the main source of support for her husband in managing his illness. She has a moral and social obligation to her sick husband. The man becomes the focus of all her concerns and attentions. When the wife is ill, social relations are ambivalent. Sometimes, the wife is confronted with fears of divorce or abandonment, as the man refuses to accept the idea of having a sick wife with cancer. Our study focuses on the social experience of couples in dealing with male and female cancer, in this case breast cancer and prostate

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cancer, in the Algerian context. Cancers are a public health problem. They represent a real phenomenon that is constantly evolving in the world and in our country. Based on the 2016 cancer registers in Algeria, Zitouni and Cherf-Bouzida (2018), show an evolution from 46000 new cases in 2016 to 55584 in 2020, 61133 in 2022 and finally they estimate a number of 70556 in 2025. The onset of cancer alters the balance of a patient's family and marital organization. It is likely to generate many uncertainties, anxieties and difficulties, which the patient will seek to manage by mobilizing various resources available in his or her environment [Carricaburu, Ménoret, 2004, p.117]. Negative representations are prevalent around cancer pathology, « which plays a part in the way spouses will react to the disease and influence their experience of it » [Derbez & Rollin, 2016]. Chronic illness forces sufferers to develop management skills, such as the support often provided by women, as a determining factor in the experience of illness.

Keywords: Female/male cancer, gender relations, duty, role, support.

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СОЦИАЛЬНЫЙ ОПЫТ СУПРУГА/СУПРУГИ ПРИ ЗАБОЛЕВАНИИ ПАРТНЁРА РАКОМ

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Абстракт. Цель нашего исследования- проанализировать социальный опыт пары при столкновении с онкологическими заболеваниями у мужчин и женщин. Исследование направлено на то, чтобы показать, как проявляются гендерные отношения в ситуации, когда один из супругов болен раком. С гендерной точки зрения, исследование проводится среди пар, проходящих лечение в онкологическом отделении Орана (Центр Эль-Хасси, Алжир). Помимо наблюдений за консультациями, основой для анализа послужили двенадцать полуструктурированных интервью, проведённых индивидуально с обоими партнёрами, включая два интервью с помолвленной парой. Интервью проводились до и после сеансов химио- и радиотерапии, а также после наступления ремиссии. Уникальные точки зрения респондентов показывают, что опыт супруга/супруги пронизан социальными отношениями. Эти отношения играют важную роль как для больного, так и для партнёра и во многом зависят от качества предыдущих отношений в паре и степени тяжести заболевания. Если болен муж, жена становится основным источником поддержки, оказывая ему моральную и социальную помощь. Мужчина оказывается в центре её заботы и внимания. Если же больна жена, социальные отношения становятся двойственными: иногда женщина сталкивается со страхами развода или отказа со стороны мужа, который не может принять мысль о заболевшей жене. Наше исследование сосредоточено на социальном опыте пар, сталкивающихся с онкологическими заболеваниями у мужчин и

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женщин- в данном случае раком груди и предстательной железы- в алжирском контексте. Раковые заболевания- это серьёзная проблема общественного здравоохранения. Это явление, которое постоянно развивается как в мире, так и в нашей стране. Согласно данным онкологических регистров Алжира за 2016 год, представленных Зитуни и Шерф-Бузидой (2018), количество новых случаев увеличилось с 46 000 в 2016 году до 55 584 в 2020 году, 61 133 в 2022 году и, по прогнозам, достигнет 70 556 в 2025 году. Возникновение рака нарушает привычный уклад семейной и супружеской жизни. Это может вызывать множество неопределённостей, тревог и трудностей, с которыми больной стремится справиться, мобилизуя различные ресурсы своей социальной среды [Каррикабуру и Меноре, 2004, с.117]. Вокруг рака существует множество негативных представлений, «что влияет на то, как супруги воспринимают болезнь и как её переживают» [Дербез и Роллен, 2016]. Хронические болезни заставляют пациентов развивать навыки самоуправления, при этом женская поддержка часто является решающим фактором в переживании болезни.

Ключевые слова: рак у женщин/мужчин, гендерные отношения, долг, роль, поддержка

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HƏYAT YOLDASININ XƏRÇƏNG XƏSTƏLİİYİ İLƏ BAGLI SOSİAL TƏCRÜBƏ

Aişə Benabed*
Asiya Bextavi**

Abstrakt. Bu tədqiqatda məqsəd kişi və qadın xərçəngi ilə qarşılaşan cütlüklərin sosial təcrübəsini təhlil etməkdir. Məqsəd ondan ibarətdir ki, həyat yoldaşlarından biri xərçəngə tutulduqda gender münasibətlərinin necə təzahür etdiyini göstərməkdir. Bu araşdırma gender yanaşması baxımından Əlcəzairin Oran şəhərində yerləşən El Hassi Onkologiya Mərkəzində müalicə alan cütlüklərlə aparılmışdır. Konsultasiyalar zamanı müşahidələrlə yanaşı, araşdırmanın əsas materialı 12 yarı-strukturlaşdırılmış müsahibəyə əsaslanır. Bu müsahibələr hər iki həyat yoldaşı ilə ayrıca, o cümlədən nişanlı bir cütlə aparılmışdır. Müsahibələr kimya və radioterapiya seanslarından əvvəl və sonra, habelə remissiya dövründə keçirilmişdir. Müsahibə iştirakçılarının fərdi baxışları göstərir ki, həyat yoldaşlarının təcrübəsi sosial münasibətlərlə sıx bağlıdır. Bu münasibətlər həm xəstə, həm də tərəfdaş üçün mühüm rol oynayır və əsasən cütlüyün əvvəlki münasibətlərin keyfiyyəti və xəstəliyin ağırlıq dərəcəsindən asılıdır. Əgər kişi xəstədirsə, qadın həyat yoldaşının xəstəliyini idarə etməkdə əsas dəstəkçi rolunu öz üzərinə götürür. O, əri qarşısında mənəvi və sosial məsuliyyət daşıyır. Kişi qadının bütün diqqət və qayğısının mərkəzinə çevrilir. Əgər qadın xəstədirsə, sosial münasibətlər ambivalent (ikili, dəyişkən) xarakter daşıyır. Bəzən qadın boşanma və ya tərk edilmə qorxusu ilə qarşı-qarşıya qalır, çünki kişi xərçəng xəstəsi olan qadınla yaşamağı qəbul etmir. Bu tədqiqat Əlcəzair kontekstində qadın və kişi xərçəngləri – bu halda süd

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vəzisinin və prostat vəzinin xərçəngi – ilə mübarizə aparan cütlüklərin sosial təcrübəsinə yönəlib. Xərçəng xəstəlikləri ictimai səhiyyə problemi olaraq qalır. Onlar daim inkişaf edən və həm dünyada, həm də ölkəmizdə yayılan real bir fenomenə çevrilmişdir. Əlcəzairdə 2016-cı il xərçəng reyestrlərinə əsasən, Zitouni və Cherf-Bouzida (2018) yeni halların 2016-cı ildə 46000, 2020-ci ildə 55584, 2022-ci ildə 61133 və 2025-ci il üçün təxminən 70556 olacağını qeyd edirlər. Xərçəngin başlanması ailə və nikah strukturunun tarazlığını pozur. Bu, bir çox qeyri-müəyyənliklərə, narahatlıqlara və çətinliklərə səbəb ola bilər. Xəstə bu vəziyyətləri idarə etmək üçün ətrafındakı müxtəlif resursları səfərbər etməyə çalışır [Carricaburu, Ménoret, 2004, s.117]. Xərçəng haqqında cəmiyyətdə mövcud olan mənfi təsəvvürlər "həyat yoldaşlarının bu xəstəliyə necə reaksiya verəcəyinə və bu xəstəliyi necə yaşadıqlarına təsir göstərir" [Derbez & Rollin, 2016]. Xroniki xəstəliklər, qadınlar tərəfindən göstərilən dəstək kimi, xəstəliyin təcrübəsində həlledici rol oynayan idarəetmə bacarıqlarını inkişaf etdirməyə məcbur edir.

Açar sözlər: Qadın/kişi xərçəngi, gender münasibətləri, vəzifə, rol, dəstək

1.Introduction

The work we propose here grew out of a series of observations and questioning during our immersion in the oncology department in Oran. This study took on a particular dimension, as the researcher was himself a patient, having pursued our reflections during our follow-up visits. We found that male patients are often accompanied by their wives, while female patients are accompanied either by a family member, or alone, but rarely by their husbands. Our aim is therefore to show how the social relationship between men and women plays out when one of the spouses has cancer. However, we pay particular attention to the gendered dimension of support work, whose invisibility deserves to be questioned. The aim is to describe precisely the respective contributions of women and men in terms of support and the social relationship between the sexes, which is defined as "the social organization or attribution of gendered roles, the product of social constructions based on characteristics intended to emblematize supposedly natural differences" [Richard & Dévreux, 1986]. Once constructed, these characteristics serve as compliance injunctions for the individuals who assume them. The rules and roles specific to each individual are disrupted [Adam & Herzlich, 2007, p.8]. In an interactionist posture [Strauss 1975; Corbin and Strauss 1988; Strauss 1992], the concept of support mobilized in this study refers to the organization of work deployed following the course of the illness, and considers the repercussions that this care work produces for the actors involved. It is seen as creating a relationship "constituted in and by the relationship that is forged between the person who provides it and the person who receives it". Her insight is invaluable, focusing on the relationship of interdependence and not just on the power of the provider of care in the relationship. The recipient of care also has the capacity to act in the relationship [Sarah Ruddick, 1998, p.14].

Methodology

Our research is based on a qualitative approach using semi-structured interviews with couples treated in the oncology department (CEA d'El Hassi) in Oran. This facility receives cancer patients from various towns in the western Algeria region. The interviews enable us to understand the interviewees' feelings and perceptions of their life with cancer. By immersing ourselves in the hospital, we were able to talk to women with breast cancer and men with prostate cancer, making contact with them and asking them to interview us at home. The choice to study these two types of cancer shows that they share a singular trait involving both gendered and sexual bodies. It seems that the second type of cancer is little studied in the sociology of health in Algeria, unlike epidemiological and medical studies.

We interviewed 20 spouses whose partners had cancer. Twelve women [12] with breast cancer were aged between 43 and 55. Amongthem,

threehaddeveloped cervical cancer. Only one woman, aged 27, was engaged to be married at the time of our study. Seven men (07) with prostate cancer were aged between 58 and 69. Their socio-economic situation is diverse: (housewives, professionally active women and active and retired men).

The couples were seen on several occasions. We met some couples during the course of treatment (chemotherapy - radiotherapy) and others shortly after remission, coming for a check-up.

Couples were seen on several occasions, some during treatment (chemotherapy - radiotherapy) and others shortly after remission for follow-up. The idea was to find out not only about the couples' experience of cancer management at the time of treatment, but also how it evolved over time. Some men found it difficult to put their experience into words, having gone through a period of depression when the diagnosis was announced. Sometimes it's their wives who do the talking for them.

Cancer experiences take different forms. Strategies are put in place by sick spouses to counter the ordeal of the disease, but also the logics of subjectivation that sufferers mobilize [Dubet, 1995]. Cancer provokes bodily modifications that bring about changes in the couple's life, especially in the lives of women. The side-effects of cancer induced by the disease and its treatment remain severe, despite therapeutic advances. Breast cancer is a symbol of femininity and maternity, while prostate cancer is a symbol of masculinity and sexuality, affecting the physical, psychological and social dimensions of the patient.

2.Results and discussion

2.1.Cancer management: the roles assigned to each

In cancer management, the experience of spouses takes many forms. Each cancer experience is unique. Spouses try to take action to support the person with cancer. From the outset, women's work in the field of health care is part and parcel of the succession of daily tasks and relationships with family members. In the Algerian family, domestic and sanitary tasks are often assigned to women according to a traditional division of roles. Care work has strong gender resonances, which cancer episodes also bring to light [Molinier, 2013]. Women are the main producers of care [Mebtoul, 2006], but they are overlooked. "*It's not the task that's at the heart of the problem, but the social relations that unite the woman with the beneficiaries of her work: her husband, her children*" [Cresson, 1995]. What's more, "caring for another in a situation of chronic illness is not limited to accompanying and providing care, but more broadly involves relationships of a social, affective or moral nature" [Caroline Giacomoni et al., 2014]. In other words, the sexual division of labor is always inseparable from gender relations [Hirata, 1997], enabling society and men to delegate [Hugues, 1967] routine and menial tasks in the healthcare field to women [Mebtoul, 2010].

Cancer puts the couple to the test, and the quest for support structures the management of the illness. The woman mobilizes her support through a set of resources made available to her partner, likely to enable him to cope with the difficulties encountered in managing the disease [Delphy, 2001]. The care work [Strauss, 1975] performed by spouses is made possible by the social relationship instituted by marriage. "As soon as a woman is married, she is expected to perform tasks free of charge that would be remunerated in another type of social relationship" [Cresson and Gadrey, 2004].

Indeed, spouses' experience of cancer calls into question their relationship with the norms and values of marital support. rostate cancer management reinforces the role of wives in their husbands' lives. One of the characteristics is that it demands a great deal of availability on the part of women. The wife is responsible for a wide range of arrangements and carries out her role of care, support and accompaniment both in hospital and at home, such as being vigilant for side effects, helping to manage pain, nausea or fatigue, giving medication, sanitary hygiene, changing dressings, deciding whether to consult a doctor, accompanying the patient to hospital, observing, memorizing, carrying out emotional work to encourage the patient to be courageous and optimistic, etc. The argument put forward by the women interviewed that supporting their husbands is an obligation reflects the patriarchal family model, which still influences the interpretation of the respective roles of men and women and imposes a clear vision of gender relations.

Recurring words such as "I'm only doing my duty" or "I'm obliged to carry him", "that's living together for better or for worse", "I have to stand up to take care of my husband and my children" clearly show that the wife is obliged to provide care for her sick husband because it's an obligation handed down from generation to generation. The nature of the relational and affective bond emphasized here requires the wife to take care of her husband. This is a sign of affection following all those years of married life and coexistence "we've lived together for more than twenty years".

All the men we interviewed said they relied on their wives for support: "It's my wife who supports me". The majority of men are accompanied by their wives throughout the entire course of the disease: diagnostic and therapeutic examinations [consultations, chemotherapy sessions]. They say their wives gave them emotional and material support at the onset of their illness, and long before. Their support continues and is renewed. It's a vital and ever-beneficial source of support, enabling them to cope more effectively with illness, even at the expense of their own health. Exhaustion is often accompanied by a sense of responsibility. The wife is unable to distance herself from thoughts and feelings about her husband's state of health, or to set aside "time for herself".

The husband becomes the center of attention and concern. The primacy accorded to the feminine role in support is conceived as legitimate and natural, supporting the gendered social order in which the regulation of health care is delegated to the feminine.

Support is unequal between men and women. For most of the people we met, when a woman is affected, a strong male presence is clearly observed only in the early stages of the disease. Men tell us that, over time, the routinization of care has led to a decline in male support, expressing an unavailability on their part. This is seen as a sign that their wife's state of health is stabilizing, but the women don't take it kindly. Men delegate these accompanying tasks (consultations, blood tests, biopsies, X-rays, ultrasounds and scans) to their children, mainly to the eldest daughter or a relative of their wife. Women are less supported than their husbands in daily tasks, care work and administrative management of medical records, but are supported materially. Here, sick women call on their children to make up for the husband's lack of support.

"At first, when he took me to the hospital, he stayed in the car, and on the way back, he didn't talk much, except that he asked me what the doctor had told me? I used to avoid talking to him about the disease. Now it's the cab that takes me, accompanied by my eldest daughter. Fortunately, she was there to accompany me. Even when she was working, she always managed". (Fatna, 48, housewife, breast cancer (mastectomy of both breasts, mother of three children).

The side effects of treatment make it difficult for some women to take on all the daily tasks they used to do. Some men report that it's difficult to replace her, since she's used to doing them. “We weren't brought up as women to do it”. It's going to be a big change for us" [Djamel, 56, company technician].

However, this delegation is often partial, as the woman regrets that she no longer has the strength to do it, but continues to supervise, organize and retain responsibility for the proper execution of the task, despite her illness. The women state their resistance to cancer as something necessary, for themselves on the one hand, and above all to support their husbands and children.

Indeed, numerous studies [Herzlich& Pierret (1984), Mebtoul & Cression 2006, 2010] have shown that women are massively involved in their role as mothers and wives in the production of care and health for their family members.

On the other hand, most men appear to be more vulnerable than women to the ordeal of cancer. Men speak of denial of the disease [Kleinman, 1988]. It seems that this is due to the model of traditional masculinity that most of them incorporate into society.

2.2.Ambiguous social relationships within the couple

The gendered dimension of support is clearly apparent in the management of cancer. Spousal support is seen as an important source of help for the chronically ill patient. However, cancer is not an individual problem; it affects the couple. Nevertheless, there are differences between men and women when it comes to seeking support and care. Men turn more to their wives than women to their husbands. In other words, most husbands see their wives, even when they are ill, as a predominant source of support. Women, on the other hand, seek support from a wide range of people, including their children, mothers and sisters, and this more varied support has a positive impact on the husband.

Cancer also transforms the marital relationship into a "maternal" one. "When the disease worsens, the husband returns to the protection and care of his wife, "as when he was a child" [Glasdam et al., 1996, p.23]. The wife's supportive role throughout treatment leads to a certain parentification [Dalvaux, 2006, p.92], which has the effect of "de-sexualizing" the couple's relationship. It seems that the sick man temporarily loses his status as husband. The wife's support for her sick husband, such as feeding, dressing, caring for and supporting him, is considered a vital need for the sick man. For example, if a man is no longer able to carry out his personal hygiene and body care on his own, his wife is called upon to help him with these tasks, which he can no longer perform independently. His wife is therefore called upon to take on the role of caregiver.

The men report that, because of the digestive and urinary complications of the treatment, their wives prepare special recipes whose health benefits they have heard about via their social network and the Internet. On the other hand, food becomes an object of negotiation, as it is with a parent and child. "I've become like a child. It's unconscious...sometimes she insists that I eat such and such a meal, such and such foods, because after the chemo session, I often vomit, she tells me that I have to eat to recover the calories rarely lost through eating, she imposes rest, limits my outings to avoid urinary leakage in public, and over time, it becomes stifling".

Cancer upsets the roles of men and women. The balance of power gradually shifts.

In hospital, the wife becomes the companion and interpreter. Often, the wife sits next to her husband and hastens to answer for him. For the man, this reaction is both a form of protection and an unacknowledged form of domination. The husband is forced to accept his new situation. "Following the illness and its treatments, I find myself unable to do everything I used to do, tired, wounded and weak all the time, it's she who takes care of everything". Mohamed describes his wife Djamila as a courageous and strong woman who has always supported him. He recounts, "After the operation, I don't feel like a man anymore. In fact, I've had this feeling since the cancer was diagnosed, that

I'm no longer a man, a male, but not «Radjel», but that's thanks to the support of my wife and my children, especially her, She always told me that I was her man, and a man is not measured by his sex, but by his positions, his trials and by his strength to overcome his pain and be resilient.

Urinary difficulties are a complex problem widely shared by men affected by prostate cancer. The disease can also alter power relations, diminishing a man's status as a man, and leading to a loss of self-esteem and self-esteem in the eyes of others. “This feeling of downgrading in the male hierarchy experienced following cancer makes sense in relation to the individual's social position” [Braverman, 2019, p.13]. The male body, as a receptacle of care, is reduced to passive" [Meidani, 2007]. Men compare their powerlessness to a handicap. The consequences of cancer have potential repercussions on gender relations and identifications, and can lead to stigmatization [Goffman, 1975].

The relationship with others is often staged to avoid losing face [Goffman, 1955]. To this end, it is necessary for the patient to carry a change of clothes in case of incontinence, and to wear loose-fitting clothing to conceal the urinary bag attached to the lower leg. Similarly, the acquisition of intimate protection often falls to the wife, a task delegated to her because of the shame the husband might feel. This makes him feel like a stranger in the face of this new reality.

2.3.Cancer: fear of separation and rejection

Cancer sometimes involves a bodily transformation that disrupts a partner's sexuality. Cancer is one of life's most negative events. Women and men confronted with cancer fear the loss of their bodily integrity or the mutilation of their bodies. Following cancer surgery and treatment, such as mastectomy and radiotherapy, both femininity and masculinity are affected. The location of the disease (breast and prostate) can disrupt sexual functioning and affect social representations of the disease, female and male identity, and body image. Surgery symbolizes mutilation, leading to amputation, unsightly scarring or even disfigurement. Chemotherapy refers to the loss of hair, eyelashes and eyebrows, and so on. For women, it calls into question femininity and the power of seduction, which is difficult for them to assume, and sometimes for men too.

Changes in body image are a source of concern for women, who may no longer feel desirable to their husbands. Indeed, a mastectomy represents not only the disappearance of an organ, the breast, but also the mutilation of an attribute of femininity. From a psychological point of view, Bacqué (2016) has shown that breast cancer affects this part of the body and allows the fear of dying to be displaced by the attack on the triple symbol: beauty, femininity and maternity. The woman refuses to let her husband contemplate her breasts to

avoid a sexual relationship. Many of the women interviewed said they had been away from their husbands for almost a year.

"Asymmetrical breast imaging and breast amputation lead to changes in a woman's perceptions and image of her body, and also of her husband" [Razavi & Delvaux, 2002, p.107].

Women experience shame, guilt, fear of abandonment and fear of being stripped naked. Bahia, for example, wonders: "If I can't see my own body, with its phantom breasts and only the scar, how will my husband accept it? Or: "I didn't want him to see me, it's hard for me to show myself like that in front of him. I'm afraid I'll frustrate him and he'll pull away from me".

Others report that their spouses avoid seeing an asymmetrical, scarred body. They are solicitous and indifferent: "I feel he's indifferent". This may reflect a state of denial and avoidance of one's own experience of one's spouse's illness. It seems that living with a sick partner can complicate a couple's relationship. It's difficult to be the spouse of a sick woman. The profound damage to body image and integrity caused by a devalued image reflected back to oneself and to others "contributes to reinforcing the narcissistic damage caused by the apprehension of looking at oneself and the gaze of others" [Michel Reich, 2009]. Body changes, pain and fatigue can also influence the marital relationship.

We don't have sex together anymore, because cancer scares me. There's nothing left between us. Of course, we continue to live together: we sleep in different rooms, we don't eat our meals at the same times any more, and we've each built up our own independent lives. I don't even know why we're still together, but I can't leave her either: that would be cowardly of me. Ali, 60, bankteller.

The reactions of the spouses provoke in their wives a feeling of doubt and fear of beingabandoned:

> "My husband hasn't changed for the moment, but I'm afraid and I doubt", how he cancontinue to live with this weakened wife, that he could no longer desire her or even tell her that he desires her "I'm not hiding from you, I'm afraid, because he won't be too patient in the face of this situation even if he hasn't shown anything" [Houaria, 50, teacher, breast removal, her arm swollen due to edema. Currentlyshe has cervical cancer].

She says: "As soon as the doctor told us about the disease and that I would first have to undergo a few sessions of chemo and then have my breast removed, he was very sensitive, but after a while his behavior changed. He told me: 'I want a whole woman, not one who's tired and deformed all the time'" [Khadra 55, secretary].

Cancer disrupts a person's biography. Most women insist that after cancer, "nothing is the same as before", and note that moral resources do not always

follow. Marital relationships become conflictual. Alia describes her husband as resigned and insensitive since the mastectomy. "I got divorced just eight months ago, because of this enemy (cancer.) Since the operation, the man (husband) no longer assumed his conjugal or paternal role. A year later, he revealed to me that he wanted to remarry. But he really did remarry, and through the fatiha, under the pretext that a man's remarriage is possible when his wife is ill and dying. He anticipated my death. He prepared everything at a time when I was suffering".

Perceived as synonymous with death, cancer primarily introduces the risk of loss. Women with cancer face feelings of loss, rejection and separation. Others anticipate the idea of divorce. Illness poses a threat to bonding. The different attachment patterns of cancer sufferers depend on early relational experiences. These ties influence the way in which the partner will cope with the threat of cancer-related relationship breakdown, and thereby differentiate the “fragile” from the “strong” person [Weihs et al., 1996]. Indeed, some of the women interviewed had mourned the loss of their breast. Contrary to previous findings, they spoke of the considerable support provided by their husbands.

Malika recounts, "No medication could ever be as beneficial as his emotional and material support, his presence and, above all, his tenderness. My husband was always by my side from the moment I was diagnosed to this day. This is apprehended as “proof of presence and love” and of an availability and ability to cope with the disease, while effectively accompanying their loved one's care trajectory [Meidani 2018]. Contrary to previous results, for a young engaged couple, neither the illness nor the mastectomy alerted their mutual feelings. On the contrary, they redoubled their efforts to maintain a harmonious married life and preserve their seduction. Their confidence was based on the importance of feelings in the sexual relationship, making them serene in the face of their husbands' compliments about their beauty and seductive capacity. What's more, religious anchoring helped some women to mourn their old body image and accept the new one, thus contributing to a sandy married life.

The wife occupies a central position vis-à-vis her sick husband. By listening, being available and providing ongoing support, she enables him to face the disease with strength. She plays an important role in helping him keep his spirits up and deal with the daily challenges of the disease. Feeling that her husband's life, especially in the advanced stages, is threatened (incontinence, impotence and physical changes), causes great emotional fragility in the wife. Some anticipate the loss, which leads to the anticipation of mourning. This leads to feelings of fear, alienation and powerlessness. They worry about the future and fear being alone.

Sick wives can therefore feel this sense of imminent death, sometimes more keenly than their sick husbands. Wives experience various anxieties about the

future. For them, life will never be the same again. Uncertainty about the future becomes more pronounced. Being in their late fifties or early sixties, they feel they are still too young to lose their husbands. "This worry about losing him is always present... I'm not at peace and I think about it all the time.) This feeling of loss and loneliness arises as soon as the cancer is announced, but is not emphasized. The fear of losing a relationship as a result of cancer can increase the perceived value of that relationship [Lyson Marcoux, 2001, p.65]. However, a fear of death and separation seem to emerge from the discourse of some men, often reflecting the fear of having to cope alone with raising children. On the other hand, identical treatments can have very different effects from one woman to the next. Depending on the patient, the same type of surgery, chemotherapy or hormone therapy protocol may not produce the same reaction in them.

3.Conclusion

By way of conclusion, the social experience of cancer reveals sometimes complex dynamics. Heavy treatment or adverse effects require constant support from the spouse towards the ill partner. Although the ill person becomes the focus of the spouse's attention, experience will rarely conclude that there is equality in terms of physical and mental burden.

The results of this study show that the relationship of a spouse with cancer can be redefined. Men and women experience it differently. Even if men don't show it, women are more involved in supporting their husbands.

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