Psychosocial needs and perception of inequity: How spouses react to the cancer of their partner?

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In psycho-oncology, psychosocial needs are a significant topic about which health professionals care. Several studies have highlighted the importance of psychosocial needs in cancer patients' spouses. According to Thomas et al. (2001), these psychosocial needs are organised in different categories: health professional needs, emotional and spiritud needs, information needs, identity needs, support network needs, practical needs, and practical child-care need. Psychosocial needs' dissatisfaction seems to influence the degree of emotional distress felt by spouses (Schmid-Büchi et al., 2011). However, it seems that spouses' psychological profile is more similar to the general population's one than psychopathological population's one (Hagedoorn et al., 2000; Pitceathly & Maguire, 2003).

On the other hand, perception of inequity is a concept that emerged recently in psycho-oncology and focusses on feelings that patients and spouses might experience in their relationship. This perception depends on two general factors that are benefit and investment, subdivided in two categories, which lead to these four concepts: overbenefit, underbenefit, overinvestment, underinvestment. Kuijer et al. (2004) brought together these concepts to obtain two general feelings, described below:

- Overbenefit and underinvestment: people feel like they receive a lot from their partner but don't give enough support in return. This feeling is principally felt by patients. Underbenefit and overinvestment: people feel like they give a lot to their partner and invest a lot in their relationship but don't receive enough support in return. This feeling is principally felt by spouses.

In light of the consequences of cancer on spouses, it seems important to help them with psychological interventions. In this study, cognitive and behavioural methods are proposed to spouses in order to support them facing their partner's cancer and their own issues.

STUDY'S AIMS:

- To reduce spouses' needs, using a combination of two psychotherapeutic methods:

 Psychosocial needs' organization into a hierarchy
 Problem-solving method (PSM)

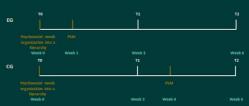
 To assess perception of inequity and its influence on the utilization of the methods' combination.

HYPOTHESIS:

The combination of psychological interventions will have a greater and a higher impact on independent variables the the utilization of the psychosocial need's organization into a hierarchy alore.

PARTICIPANTS
Spouses of cancer patients, whatever cancer is, diagnosed since at least three months (M = 6, SD = 3).

Participants (N = 37) were randomized in two groups: experimental group (EG, N = 19) and control group (CG, N = 18). A longitudinal design with three assessments distant from three weeks (TO, T1 and T2) was employed (see Figure 1).



Socio-demographic questionnaire (Wagener, 2012)
Perception of Inequity (Kuijer et al., 2004 transleted by Wagener, 2012)

Psychosocial Needs Inventory – PNI (Thomas et al., 2001): total number of psychosocial needs, number of important psychosocial needs, number of satisfied psychosocial needs, number of unsatisfied psychosocial needs, number of important and unsatisfied psychosocial needs Hospital Anxiety and Depression Scale – HADS (Zigmond & Snaith, 1983) T0, T1, T2

- Posychosocial needs' organization into a hierarchy,

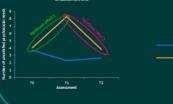
 Problem-solving method according to the model in six steps of D'Zurilla & Nezu (2007): this method concerns
 the psychosocial need that participant has placed in the first place of its hierarchy.

REPEATED ANALYSES (SEPERATED ANALYSES) REPEATED ANALYSES (SEPERATED ANALYSES) were conducted to assess the evolution of psychosocial needs and psychological profile (aim 1). Student t tests were conducted to assess the influence of the perception of inequity on the utilization of methods' combination (aim 2).

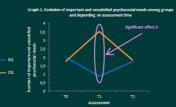
RESULTS

No significant results have been highlighted for the total number of psychosocial needs, the number of important psychosocial needs and the number of satisfied psychosocial needs. However, significant results have been underlined for the number of unsatisfied psychosocial needs and the number of important and unsatisfied psychosocial needs.

Between T0 and T1, no significant effect appeared in E6 but a significant effect appeared in CG (See graph 1., effect 1): $F_{(1,2,0)} = 6,34, p = 0.018 \ (< 0.05).$ Between T1 and T2, no significant effect appeared in E6 but a significant effect appeared in CG (See graph 1., effect 2): $F_{(1,2,0)} = 5,92, p = 0.022 \ (< 0.05).$



Between T0 and T1, no significant effect appeared. At T1, a statistically significant effect appeared between the two groups (See graph 2, effect 3): planned comparisons indicate a F1,as=9.08, p=0.006 (<0,05). Between T1 and T2, no significant effect appeared.



No statistically significant effects concerning the evolution of the psychological profile among groups and depending on time have been highlighted.

Despite this lack of significant effects, emotional distress and anxiety decreased in both groups at T1 and at T2. Moreover, according to HADS' norms, control group's anxiety passes under anxiety threshold

Assessment of the perception of inequity and its influence on the utilization of the combination of psychological interventions

None of the two general feelings of the perception of inequity was prevalent in our sample (Table 1).

Table 1. Means and standard deviations of the two general feelings of the perception of inequity

	Sample (N = 37) M (SD)	EG (N = 19) M (SD)	CG (N = 18) M (SD)
Overbenefit and underinvestment	2,26 (0,61)	2,40 (0,62)	2,11 (0,58)
Underbenefit and overinvestment	2,15 (0,76)	2,29 (0,76)	2,01 (0,76)

Concerning the link between the perception of inequity and the utilization of the combination of methods, none of the two general feelings of the perception of inequity seems to influence the utilization of the psychological interventions.

DISCUSSION AND CONCLUSION

First of all, our results confirm that spouses of cancer patients have psychosocial needs. Indeed, it seems that our participants feel more psychosocial needs than those of other similar samples: this can be explained by self-administrated scales and by the time of our intervention (earlier than the others). Consequently, it underlines the interest of proposing psychotherapeutic methods to cancer patients' spouses to reduce unsatisfied psychosocial needs and more specifically a combination of psychological interventions. Moreover, in line with scientific literature, our sample's psyclogical profile is more similar to the normal population's one than a psychopathologic population's one than a psychopathologic population's one. However, concerning the perception of inequity, our results did not replicate previous findings according to which spouses experience a higher feeling of overinvestment and underbenefit than a feeling of underinvestment and overbenefit.

General results confirm our hypothesis. Indeed, whenever the combination was given, a significant decrease in unsatisfied psychosocial needs has been highlighted when participants have received both methods. In other words, the combination of psychological interventions optimizes psychosocial needs that spouses feel. However, results don't allow us to state on the influence of the perception of inequity on the utilization of this combination of psychological interventions.

The experimental design we used has to be enhanced and propose to a bigger sample. Moreover, future research should assess the perception of inequity in a longitudinal design in order to observe its evolution depending on psychological



