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The Reality of Psychosocial Support Among Women with Breast Cancer

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Abstract:

Breast cancer affects one of the most significat organs fom womn. the breast is a symbol of feminity.sexuality.and motherhood, and a breast is a symbol of feminity, sexuality.and abreast cancer diagnosis is a profound shock, undergoing treatment for the painful and destresing effects can lead to feelings of inadequacy, helplessness, and marginalization the psychological, physical and even economic impacts of breast cancer and its treatement create critical need for various forms of social support.

The study aims to investigate the role of social support and impact on the course of the disease among women withe breast cancer in Algeria, to achieve cource of desired results, the researcher employed a clinical approach,staduying,five cases using psychosomatic interviews and content analysis of the season social support assessment questionnaire..the findings revaluated that positive or negative perception of social support can influence the acceptance of chemotherapy treatments.

Keywords: shock of diagnosis, psychological support, breast cancer, chemotherapy.

Introduction

Cancer is considered one of the most widespread diseases of our time, posing a serious threat to many individuals. It is a lethal condition that has instilled fear in humanity, particularly due to the limitation of current midical research to fully uncover its complexities, which has made it especially difficult to combat. This difficulty is further compounded by its recurrent nature in most cases. Cancer is characterized by the uncontrolled proliferation of cells, leading to the formation of malignant tumors. The disease progressively destroys the body's normal cells, often resulting in death. Breast cancer is the most prevalent type of cancer in Algeria and, over the past decade, has become one of the leading causes of mortality.

Projections from the National Institute for Cancer Control, based on forecasts and statistics conducted at the end of last year, indicate that there are more than 42,900 new cancer cases, including 20,000 new cases among women. According to specialists, these figures reflect an increase in cancer incidence compared to cases recorded in recent years. The same source added that the same types of cancer are reported annually, with lung cancer—more prevalent among men—and breast cancer—showing a dramatic rise among women—ranking at the top. Breast cancer alone accounts for an estimated 26%, representing approximately 4,000 new cases.

Breast cancer affects women in an sensitive organ, as the breast represents a symbol of femininity, sexuality, and mothehood. Its affliction by cancer, combined with the patient's exposure to chemotherapy, results in highly distressing side effects such as vomiting, nausea,

hair loss, weight loss, and persistent fatigue. In many cases, treatment may culminate in the partial or total mastectomy of the breast. All these factors make women vulnerable to feelings of inadequacy, marginalization, and diminished self-acceptance, which may extend to depression.

Moreover, affected women often experience difficulties in their marital relationships, including disruptions in their sexual relationships, which in some cases lead to spousal marital separation. Despite the fact that Algerian women live within a largely traditional society—where their roles in childbearing and breastfeeding significantly shape their social status—the impact of breast cancer treatments on these functions creates further challenges in gaining acceptance within the family and the broader community.

In addition, the disease often leads to a decline in women's ability to care for their children and to perform household responsibilities (Yves Pelicier, 1995, p. 263).

The recent emergence of cosmetic procedures for breast implantationserves as evidence of the significance of the breast for affected women.The factors contributing to breast cancer are numerous; they may be genetic, environmental, or nutritional in nature. However, current research emphasizes the role of psychological factors—particularly stress—as a fundamental contributor to the onset of breast cancer. A study by Jacob and Charles demonstrated that a high proportion of cancer patients had been exposed, within the year preceding their diagnosis, to major life stressors such as the death of a close relative or the loss of an intimate relationship (Spencer Rathus, 1995, p. 263).

The suffering of women from this serious and chronic illness, which brings about significant changes in their lives, places them under intense psychological stress that may further aggravate the severity of the disease. All of this makes social support an essential and urgent need, as it provides both assistance and protection. Social support is considered a fundamental factor for individuals experiencing stress, and this becomes even more critical in the case of women with breast cancer, for whom stress may exacerbate the illness. These stressors may be physical, related to the disease itself or to the fatigue resulting from chemotherapy, or psychological, stemming from the relational and life changes that occur following the diagnosis.

Therefore, affected women require continuous support and care in order to cope effectively with the disease and to overcome severe stress. Research findings by Rossin and Cohin have emphasized the significant role of familial social support in mitigating the negative effects associated with coping with psychological stress (Ali, 2000, p. 12). Similarly, the study by Cheikh and Ben Aichouba (2021) highlighted the role played by associations in support provided to women with breast cancer, demonstrating that such support contributes to reducing illness-related stress. In addition, the study by Ikhlas et al. (2020), which examined psychological stress and its relationship with social support among breast cancer patients attending health clinics, revealed an inverse relationship between social support and psychological stress among affected women.

Furthermore, Cutrana et al. concluded that social support constitutes a fundamental determinant of psychosocial health, and that mental health is closely linked to the interaction between stress and social support (Al-Shenawy & Abdel Rahman, 1994, p. 62).

In the same context, a study conducted by Wicker, Jerimo, and O'Connor on patients with breast and lung cancer aimed primarily to examine the processes involved in the individual search for meaning in life. The researchers conducted personal interviews with a sample of 30 patients in order to explore their personal reactions following diagnosis, their perspectives on life, the changes in their self-perception and their perception of others, as well as their ways of coping with cancer. The findings identified two fundamental factors: faith and social support. This indicates that among the essential needs of patients with breast and lung cancer following diagnosis are social support from others and a sense of faith or acceptance of their condition (Abdel-Khaleq et al., 2012; p. 24).

Accordingly, the following research problem can be formulated:

Does the perceived social support among Algerian women with breast cancer have an impact on the course and progression of the disease?

What type of support is most needed by women diagnosed with breast cancer?

Does social support help women with breast cancer to accept the illness and its treatment, and to cope with its complications?

Study Hypotheses:

The perception of social support among women with breast cancer has an effect on the course of the disease and its treatment.

A positive perception of social support helps Algerian women with breast cancer to accept the illness and its treatment and cope with its complications.

Women with breast cancer are in greater need of emotional support, as measured by the Sarason scale.

A negative perception of social support does not help women with breast cancer to accept their illness.

A negative perception of social support does not help women with breast cancer to accept treatment.

Significance and Objectives of the Study

Significance of the Study:

Breast cancer is witnessing a notable increase worldwide in general, and within Algerian society in particular, which entails substantial material and moral burdens on both the state and the family.

The importance of providing care for this vulnerable group—namely cancer patients—stems from the state of fragility they experience as a result of both the illness and surrounding life conditions.

The critical role of social support for women in coping with breast cancer.

The findings of this study may contribute to raising awareness among specialists regarding the importance of social support for women with cancer.

The results may also assist in developing programs aimed at enhancing social support and expanding the social networks of women with cancer, which could positively influence their recovery process.

To identify the types of social support received by women diagnosed with breast cancer.

To examine the nature of the relationship between social support, acceptance of the illness, and treatment adherence among women with breast cancer.

To explore the positive role of social support and assistance in alleviating illness-related stress experienced by women with breast cancer.

Définition of Concepts

Diagnosis Schock):

The announcement of a breast cancer diagnosis and the subsequent surgical intervention (mastectomy) constitutes a traumatic event characterized by suddenness and emotional violence. Mastectomy, in itself, represents a traumatic experience, as it affects the individual's bodily integrity. The removal of the breast disrupts psychological equilibrium due to the profound and intense changes it introduces in the patient's external reality, as well as the challenges imposed on daily activities and even on relational and social li

It also affects the body image formed by the individual during early childhood development, thereby injuring narcissistic damaging self –image self-esteem, self-love, and the sense of personal worth. All of these factors lead the woman to perceive the diagnosis as a shock, which may result in denial and refusal of acceptance, where she attempts to convince the physician that the tests or diagnosis are incorrect. This is often followed by a phase of sadness, depressive states, and the feeling of loss of a previous life prior to the il

Breast Cancer:

is a malignant neoplasm that originates from the uncontrolled proliferation of epithelial in the breast tissue .it can invade surrounding tissues and spread to distant organs through the lymphatic system or bloodstream

Social Support:

Folkman defines social support as a resource for coping and assistance in managing stressful circumstances. House, on the other hand, considers it a highly important and complex moderator and organizer that includes the totality of an individual's interpersonal relationships, providing emotional connection, positive affection, and practical or informational assistance (Graziani, 2004, p. 98).

It is also defined as the receipt of information from individuals toward whom the person feels love, care, respect, and appreciation, and who form part of his or her social network, with whom the individual maintains reciprocal obligations, such as parents, spouse, relatives, and friends (Taylor, 2008, p. 445).

Sarason and colleagues define it as the extent to which there are available individuals whom the person can trust and believes are willing and able to care for him or her and provide support when needed (Fayed, 1998, p. 161).

Social support is defined as a set of interpersonal relationships directed toward a specific individual, providing him or her with a positive relational bond, as well as material or informational assistance and relational appraisals. Through these resources, the individual is able to face stressful and threatening situations, such as a serious illness. In addition, real social support is that which becomes evident in times of difficulties or conflicts, playing a moderating and soothing role in relation to stressful and anxiety-provoking events. On the other hand, weak social support is that which increases the intensity of suffering for individuals experiencing various illnesses (Bruchon, 1994, p. 34).in expresses the exfsnf to with the woma, diagnosed with cancer has people she trust, and belives are capable. of caring for her when

Needed .It also reflects, the degree of for stasification she has with the support provided to her, as measured by the social support scale used in this study.

Study Procedures

Study Method:

This study adopted the clinical case-study method adopted , as it is suitable for the specificity of our research and consistent with the nature of our study. This method examines the individual in his or her uniqueness and allows for the exploration of personality dynamics, as well as the identification of the nature of psychological disorders, internal conflicts, and the ways in which they are structured and managed.

Therefore, it was necessary to follow a specific methodology. Roger Perron defines it as a method that aims to understand psychological organization in order to construct a meaningful interpretation of psychological events, where the individual is considered the source of these events, with a focus on individual specificities (Roger P., 1979, p. 38).

This method treats the personality of the case understing as a dynamic process characterized by change and lack of stability in both physical and psychological aspects. Personality is also considered an inseparable part of the individual; it cannot be isolated or studied in one of its dimensions without addressing the other aspects, as it functions as a unified temporal whole.

This means that an individual's responses to a given situation become understandable only in light of their life history and their attitudes toward the future. Thus, the case study is regarded as one of the main tools for diagnosing and understanding an individual's condition and their relationship with the environment (Fayçal Abbas, 1996, pp. 9–11).

Study Fields:

Spatial field:

The fieldwork of this study was conducted among women diagnosed with breast cancer at the University Hospital "Frantz Fanon" in Blida, specifically within the oncology department. This choice was made due to the nature of our study and the availability of the research population, who regularly attend the department for medical examinations and chemotherapy sessions. Interviews and questionnaire administration were carried out in the psychologist's office, as it is an appropriate setting for conducting psychological tests and interviews.

Temporal field:

The fieldwork phase was carried out between August 25 and October 10, 2025.

Human field:

Our research sample consists of five women diagnosed with breast cancer, aged between 30 and 45 years.

Research Sample:

The research sample consists of five women diagnosed with brest cancer, selected purposively from the department. The participants' names were changed in order to ensure confidentiality and to respect professional ethical standards.

Criteria for Selecting the Research Sample:

The sample was selected according to specific criteria, as follows:

The participant must be female.

The illness must have a medically comfirmed y diagnosis.

The age range must be between 30 and 40 years.
The participants required to be married.
The participants must have undergone mastectomy (breast removal surgery).

Tableau 1 : Distribution of the Study Population According to Age, Type of Illness, and Marital Status

Case	Age	Type of illness	Marital Status
Salima	30years	Breast cancer	Married
Zahra	37years	Breast cancer	Married
Ghania	40years	Breast cancer	Married
Faroudja	37years	Breast cancer	Married
Saida	38years	Breast cancer	Married

Research Techniques:

In carrying out this study, we relied on a set of research techniques.

Psychosomatic Interview:

The interview guide included several axes indicating that our interview was semi-structured. We maintained flexibility with all participants and attempted, as much as possible, not to intervene in their responses in order to avoid influencing them.

We focused on the axes proposed by Marty in the psychosomatic interview; however, we adapted the interview guide in a way that served the objectives of our research topic. During the analysis, we were able to generalize the concept of social support based on the themes discussed during the interviews, which we asked the participants to address.

Axes of the Interview:

Theme 1: Health and Illness History

This axis aims to identify the participant's health history and her disease trajectory, including the onset, progression, and medical management of the illness.

theme 2: Childhood and Adolescence

This axis focuses on identifying significant life events and experienced stressors during childhood and adolescence, as well as their possible psychological impact on the individual.

theme3: Emotional and Social Support

This axis provides information about the type of support received by the patients. Its objective is to assess the participant's level of integration within her family and social environment, her use of relational and social resources, and the nature of the support she receives.

theme 4: Dream Life

The aim of this axis is to explore the continuity of the participant's mental activity during sleep and to identify the nature and content of her dreams.

Axis 5: Professional Life and Future Plans

This axis seeks to understand the participant's ability to invest in her future, the way she organizes her time, and her aspirations and personal goals. Social Support Scale:

The Social Support Scale was developed by the researcher Sarason in 1983. It was later translated and adapted to the Arabic context by Mohamed El-Shennawy and Sami Abu El-

Beh (1990). In its abbreviated form, the scale consists of 27 items and allows for the assessment of social support from two main perspectives:

Availability and content of support (external source): This dimension evaluates the extent to which social support is available to the individual and the nature of the support received.

Satisfaction with support (internal source): This dimension assesses the individual's perceived satisfaction with the social support received, based on personal characteristics and subjective evaluation.

Thus, the scale measures both the objective presence of support and the individual's subjective feeling of satisfaction with i

The scale was constructed by presenting a set of 27 situations. For each item, the participant is asked to indicate the number of people who could provide him or her with support or assistance in such a situation, with a maximum to nine persons. These individuals are identified using two initials representing each person's name, such as (S, A).

Then, the participant is asked to evaluate these persons in terms of satisfaction, by choosing one response among six possible answers:

1. Not satisfied at all
2. Not satisfied
3. Slightly not satisfied
4. Slightly satisfied
5. Satisfied
6. Highly satisfied

Through this questionnaire, some researchers have shown that certain individuals report being satisfied despite having a limited number of close friends and social relationships.

Thus, this questionnaire is considered a useful tool for measuring social support, as it takes into account different dimensions in terms of content and the individual's personal characteristics (Bruchon, 1994, p. 131).

Content Analysis:

Content analysis is considered one of the most important methods used in analyzing results obtained within the clinical approach, particularly through the psychosomatic interview and the administration of questionnaires.

According to Badrin, content analysis is defined as:"A set of techniques aimed at analyzing verbal communication through systematic and objective procedures, with the purpose of describing the content of discourse (speech), in order to obtain quantitative and qualitative indicators that allow the extraction of information related to the ways in which discourse is structured" (Badrin L., 1997, p. 43).

Qualitative analysis allows for the proposal of possible relationships between the meaning withim the text and the variables identified by the researcher. It is a method of interpriting ideas and expressions through a systematic the protocol, then analyzing and comparing them based on a logical and scientific frame work, using the indicators emerging from speech. Qualitative analysis helps in confirming or rejecting hypotheses (Bardin, 1997, p. 43).

For the effectiveness of this technique, it is necessary to follow certain criteria:

Objectivity: dealing with data in a practical way, meaning describing, analyzing, and explaining objectively.
Systematic approach: the technique must be governed by well-defined rules.
Comprehensiveness: ensuring that no relevant element of the subject is overlooked.
In general, according to Chiland, this technique allows us to go deeper into the research by analyzing the content of discourse and revealing what intuition or simple listening cannot accurately identify. In other words, it is a structured and organized form of analysis (Chiland, 1983, p. 192).

Procedure and Application Method:

We first conducted psychosomatic interviews with the cases. After completing the interviews, we administered the questionnaire. All procedures were carried out individually, with each case assessed separately. In particular, we had to wait for the participants to complete their chemotherapy sessions, as the physical exhaustion resulting from the treatment often required rescheduling appointments for another time.
In addition, the questionnaire was translated into the Algerian dialect in order to facilitate comprehension for the participants, which enabled them to better understand the items and thus provide richer and more accurate information and results.

Presentation and Analysis of Results:

Case Presentation:

Mrs. Salima is 30 years old, married, and a mother of two children. Her educational level she completed the minth yesrs of basic education . She resides in the province of Médéa, and her socioeconomic level is (medium).

Presentation of Interview Data:

Mrs. Salima has been suffering from breast cancer since October 2021, when she noticed the presence of a lump in her left breast. This prompted her to consult a gynecologist, who prescribed some prompted led her to consult a genocologiste medication and requested several medical examinations, including a cytological test.

After undergoing the analyses, Salima experienced feelings of fear, anxiety, and disbelief regarding the possibility of having a malignant disease. She exprrinced this event as a major psychological shock, especially since she regularly follows medical consultations and health-related advice.
The situation became more difficult when the gynecologist referred her to a surgeon for tumor removal. After some time, she underwent a complete mastectomy (removal of the breast).

Presentation of Interview Data:

The first interview with Salima coincided with her chemotherapy session, which was also her first treatment session. During this encounter, she displayed signs of tension, anxiety, and emotional distress. Based on our knowledge of chemotherapy and its effects, we were able to reduce some of the ambiguity surrounding her experience, which contributed to lowering her anxiety levels.
She then appeared more willing and motivated to talk about her stressors and her illness, particularly with mental health professionals, as she expressed that she still finds it difficult to believe that she is suffering from breast cancer, a disbelief that persists except during her hospital treatments.

Axis of Daily Life:

Salima reports that her daily life has completely changed after the onset of the illness. She is no longer able to take care of her family, especially her children. She states: "My whole life changed; I can no longer do housework or take care of my husband or children. My life completely changed. My children became closer to their father than to me; I felt it this way."

She now limits her household activities to minor tasks only and relies on her husband or her siblings to fulfill her needs, such as going to the hospital or managing daily errands.

Presentation of Interview Data:

Marital Life themes:

Regarding her marital life, Salima states that accepting the illness was initially very difficult for her; however, the support of her husband facilitated her acceptance of the situation. She says:

"I was very afraid of his reaction, but he behaved normally with me; he did not change and remained supportive."

She further confirms that it was her husband who convinced her of the necessity of undergoing chemotherapy. He also helps her in taking care of their children. Salima explains that she married him after a prior acquaintance, as he was her neighbor in the past.

Material and Emotional Support Axis:

Salima indicates that she has a broad social network composed of her husband, her family, her mother-in-law, neighbors, and some friends. She expresses satisfaction with the assistance she receives from them.

She benefits from both emotional and famancial support from her entire social network. They visit her, contact her by phone, and provide advice and moral comfort. Regarding financial support, she mentions that she has a brother living abroad in the United States who does not hesitate to contribute financially to her treatment and medication expenses.

Salima particularly prefers emotional and affective support, especially from her nuclear family (husband and children), as she considers that it enhances her morale and reinforces her sense of belonging, love, and acceptance from those around her.

She acknowledges that her social network has played a major role in helping her accept the illness and in encouraging her to initiate treatment voluntarily and with full commitment. Regarding her relationship with the medical environment, Salima reportsthat she is not fully satisfied with the healthcare services provided,particularly concerning the difficulty of obtaining appointments for chemotherapy sessions. She also occasionally experiences feelings of frustration due to what she perceives as negligence on the part of nursing staff in changing her intravenous infusion, as well as the lack of continuity among physicians (she states that "the doctors keep changing every time, we cannot adapt to them"). Consequently, she expresses a preference for being followed by a single, consistent physician who would monitor her condition over time. Furthermore, she feels that physicians planifications do not listen to her attentively, nor do they provide her with sufficient explanations regarding her medical condition and its progression.

Sleep-related (dream) axis: Selima reports that at the beginning of her illness she suffered from insufficient and disturbed sleep, and she could only fall asleep by using sleeping medication. She used to experience only disturbing dreams, such as those involving predatory animals and monsters. However, more recently, she rarely dreams, and when she does, her dreams are mostly related to what she has done during the day.

Hobbies and future projects axis: Selima does not have hobbies, as she has given up most of her interests due to her illness. Her main concern is to recover in order to return home and take care of her children as she used to. She also hopes to go on pilgrimage to Mecca, whether Hajj or Umrah.

The observations drawn from the interviews conducted with Selima indicate that she benefits from a broad social network that provides her with various forms of social support. This highlights that Selima receives substantial assistance from both her family and social environment. The support she obtains from her husband, particularly emotional support, has greatly helped her to accept the illness, cope with it, and adhere to chemotherapy treatment.

Moreover, Selima's awareness of her family's presence and their willingness to support her and take responsibility for her care—through regular visits, frequent communication, and assistance with household tasks and childcare—has significantly contributed to reducing her psychological stress and enhancing her resilience toward the illness and her willingness to seek treatment. It also appears that Selima appears to actively seek socials support .

Receiving support, especially the emotional support she values most, has provided her with a sense of security and stability. This has enabled her to adopt an adaptive attitude toward both her illness and chemotherapy treatment, despite her lack of full satisfaction with the support provided by the medical environment. The latter is characterized by frequent changes in physicians, as well as variations in care procedures, reception, and patient management. As a result, she has not been able to develop a supportive network within the medical setting, which is particularly important for her, given the high value she places on social support.

Content Analysis of the Questionnaire:

From the content of the questionnaire, it appears that Mrs. "Selima" primarily receives support and assistance from her husband, who provides her with psychological, emotional, as well as famancial support. This is based on the items included in the questionnaire. She also receives significant support from her mother and her brothers, who stand by her through frequent visits and regular phone calls. In addition, she benefits from financial assistance, particularly from her brother who lives in the United States. Selima also receives support from her mother-in-law and her sisters-in-law, who help her with household tasks. It is noted that the respondent shows a stronger preference for the support of her husband and her mother.

When she is under stress, in crisis situations, or when she feels sad, as indicated in items 3 and 9, it becomes clear that she receives mainly emotional support, especially from her husband and her mother, as they are the most consistently present figures in her life across different circumstances.

Regarding the evaluation and perception of the support received by Selima, her answers generally ranged between "satisfied" and "very satisfied." This indicates that Selima perceives the support she receives from her social network in a generally positive and adequate manner.

From the analysis of the questionnaire content, it can be concluded that Selima benefits from a significant social support network that provides her with various forms of assistance, including material, emotional, and esteem-related support. It also appears that this support is mainly provided by her close relatives, particularly her husband, her mother, and her brothers. The patient receives this support due to her increased need for it following the deterioration of her physical and psychological health after being diagnosed with breast cancer and undergoing chemotherapy, which has caused her considerable physical and emotional exhaustion. It is evident that the husband plays a major supportive role in Selima's life, as he has significantly helped her to accept the illness and treatment by providing both material and emotional support. He did not abandon her at the onset of the illness but instead ensured her psychological security and the necessary support during this difficult period, as reflected in the psychosomatic interview and his continuous presence and encouragement for her to attend the sessions we conducted and to undergo chemotherapy.

Selima evaluates this support positively, which leads us to conclude that she is satisfied and highly comfortable with the support and assistance received from her social network. This social support contributes to strengthening her ability cope with and andure the illness, endure it, and continue treatment with optimism and hope.

Conclusion of the Case:

Afters the data analsis , the issues of the entry psychosomatique and the analysis of the content of the questionnaire, it apparaît that the patient's Selima benéficie of different social forms of the part of the members of his social réseau, and a detailed un soutien émotionnel, psychologique ainsi que'un soutien The matériel is connected mainly to his son and his family, in a dominant place in the community. The patient has the privilege of being emotionally and morally affected, in the place of the person who confirms that he is not on the face of the maladie and whoever sees the situation that he accepts, if he allows him to preserve his emotional well-being and his place in his family environment, not always there. You and more. The positive effect of the social disposability of the whole house is that it is a fact that favors the perception of motivation to engage in chemotherapy treatment and to face the maladies that cause these complications. Son réseau social l'acompagnée à different étapes de la maladie, depuis l'annonce du diagnostic, vécu as a choc ayant atteint son image narcissique, son image corporelle et sa feminité, jusqu'aux d'acceptance phases progressively. It is very important for the connection, if anyone abandons it, the patient is a positive person who is very positive, because he has entered a process that is connected to the whole symbol of the world, accepts the trait and the participant, in the subject. Return to the place of your son Mary and your

Discussion of the Results:

Through the study that examined the role of social support in five cases of women diagnosed with breast cancer, we conducted a clinical investigation using psychosomatic interviews, a social support questionnaire, observation, and content analysis. We also relied on previous studies on the same topic, which highlighted the importance of social support as a source of resilience and coping with stressful conditions, complications, and the negative effects that the disease may have on both the psychological and physical well-being of the patient.

After analyzing the data obtained through the application of the previously mentioned methods, which addressed our research problem and allowed us to test our hypothesis, it was confirmed that the perception of social support among women with breast cancer has an influence on the course of the disease. Based on the results of the psychosomatic interviews, the social support questionnaire (Sarason), content analysis, and field observations of the participants and their family environments, we can state that our hypothesis has been confirmed. It was shown that the impact of perceived social support on the progression of the illness and chemotherapy treatment was evident in all five cases included in our study.

This relationship between social support and the course of illness and treatment among women with breast cancer appears to be both positive and negative, depending on how each participant perceives the social support provided to her, with each case being considered individually.

Regarding the hypothesis stating that a positive perception of social support helps women with breast cancer accept both the illness and its treatment, this was confirmed in most cases (Salima, Frouja, Saïda). It was observed that each case benefits from her social network, which provides a positive emotional bond. For instance, Salima feels supported by her husband, who consistently accompanies her to treatment sessions. Frouja's husband provided her with the financial means to travel to France for both treatment and cosmetic care. As for Saïda, her husband's family ensured financial support and transportation for her treatment, which facilitated her access to care and made the treatment process easier.

As for the second hypothesis, which states that women with breast cancer have a greater need for emotional support, it was also confirmed in the previously mentioned cases. This was established through the analysis of the psychosomatic interview section related to emotional support, as well as through the items included in the questionnaire concerning social assistance and emotional backing. It was further confirmed in the case of Zahra, who did not receive emotional support, which had a negative impact on her psychological state.

The hypothesis stating that the negative perception of social support influences the progression of the disease in women suffering from breast cancer was confirmed in the cases of Zahra and Naima. Naima's perception of social support as pity and humiliation contributed to a deterioration in her physical as well as psychological condition. She lost the motivation to continue treatment and the hope of recovery. In the second case, the patient tended to rely on individuals outside her social network, which she interpreted as abandonment by her family, especially since her husband decided to remarry. All these factors contributed to the relapses she experienced throughout her illness trajectory.

Moreover, the hypothesis stating that negative perception of social support affects the acceptance of chemotherapy, its side effects, and complications was also confirmed in Zahra's case. She experiences significant difficulty during treatment, suffers from intense pain, sleep disturbances, and disruptions in her dream life, particularly on the nights of receiving chemotherapy. Additionally, the deterioration of her relationship with the medical staff further supports the confirmation of this hypothesis.

Conclusion

It is well established that most diseases affecting human beings can disrupt their psychological and physical unity, especially in the case of cancer. In such situations, the

patient faces numerous challenges and experiences a wide range of psychological and social symptoms. The illness also represents a heavy burden not only for the patient, but also for their family and society, due to the high costs of treatment and care. These factors contribute significantly to the suffering of patients.

Therefore, the availability of social support for the patient is considered an essential and key factor in reducing the stress they experience. This support includes various forms of assistance and social backing, particularly emotional and moral support, which the patient primarily needs. Such support helps to enhance the patient's morale and fosters a sense of acceptance, appreciation from others, and solidarity.In order to explore the importance and role of social support for women with breast cancer, this study was conducted on a research group composed of five women diagnosed with breast cancer. They are all married, have children, have undergone mastectomy, and suffer from various pressures resulting from the disease, as well as exhaustion caused by chemotherapy. They also experience a profound change in their psychological well-being after diagnosis.

Taking into consideration the specific characteristics of Algerian society and its perception of cancer—particularly of women who have undergone mastectomy, given the breast's direct connection to femininity, sexuality, and motherhood—our study aims to emphasize the necessity of strengthening social support. Providing a positive social network enhances patients' resilience, helps them cope with the disease and its complications, and offers them hope for recovery and the will to continue their live

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