

# Feelings Experienced by Women Undergoing Mastectomy

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**Abstract**— The diagnosis of breast cancer brings with it the feeling of impotence and fear, because in addition to being a stressful fact for women, it also means psychological, physical, social and sexual changes, since there is a series of transformations in the organism, in addition to causing threat of mutilation of the breast. It is considered that one of the sequelae that most afflict women comes from mastectomy, so there was a need to study about the experience and feelings caused by mastectomy in women's sexuality. This is a descriptive, exploratory study with a qualitative approach, conducted with eight mastectomized women. Bardin's content analysis was used to explore the empirical data collected. Among the results obtained, two categories were evidenced, namely: The feelings experienced when being informed about the need for partial or total breast removal, and Feelings related to sexual life with your partner and the woman's self-esteem after mastectomy. In the first category, there are several reports on the loss of femininity, feelings of anguish and anxiety related to the surgical procedure, fear of being abandoned, feelings of denial and fear of death. The second category showed that the partner's support during treatment is paramount. In addition, there were reports of shame of the

*body after the surgery, as well as difficulties with self-acceptance and fear of the partner's reaction. Others also reported difficulty in the first sexual intercourse and perception of feelings of rejection on the part of the partner.*

**Keywords** — *Women's Health, Mastectomy, Breast Neoplasms, Sexuality, Self-image.*

## I. INTRODUCTION

Breast cancer, as well as other malignancies, results from an uncontrollable proliferation of abnormal cells, which increases the functions of genetic alterations, whether they are hereditary or purchased due to exposure to environmental or physiological factors. Therefore, these changes can cause changes in cell growth or programmed cell death, thus leading to the appearance of tumors (Ministry of Health (n.d.).

As evidenced by the National Cancer Institute [INCA] (2015), in recent decades, cancer has taken on a greater dimension, becoming an evident public health problem worldwide. Thus, it is assumed that in the year 2030, 27 million cancer cases can be expected, 17 million cancer deaths and 75 million people alive with cancer each year. Breast cancer is the one that most affects women worldwide. In four of the five Brazilian regions it is the most common type among women, without considering non-melanoma skin tumors: South (74.30 / 100 thousand), Southeast (68.08 / 100 thousand), Central-West (55, 87/100 thousand) and Northeast (38.74 / 100 thousand). In the North Region, it is the second most incident tumor (22.26 / 100 thousand) behind cervical cancer (23.97 / 100 thousand) (INCA, 2015).

Cesnik and Santos (2012), affirm that the diagnosis of breast cancer brings with it the feeling of helplessness and even the fear of death, because besides being a stressful fact for women, it also means changes, both psychological, social and sexual, because there is a series of transformations in the organism, in addition to causing the threat of mutilation of the breast. It is considered that one of the sequelae that most afflict women comes from mastectomy, which is the total or partial loss of the breast, associated or not with the removal of the lymph nodes from the axilla / axillary emptying.

Breast cancer is a public health problem whose mortality rates have been increasing in Brazil, despite having a good prognosis, most cases have been diagnosed in advanced stages (Medeiros, Bergmann, Aguiar, & Thuler, 2015). Since breast cancer is stigmatized as a death sentence and the cause of female mutilation, there was then a need to study the experience and feelings brought about by mastectomy in women's sexuality. Lotti, Barra, Dias and Makluf (2008), also state that, upon receiving the diagnosis, the woman experiences a moment of great

anguish, suffering and anxiety. Considering the high incidence and the disruption that this diagnosis entails in a woman's life, there has been a greater emphasis on research that links the quality of life with the diagnosis and treatment that this woman will undergo, and this research can help in identifying the needs each patient. Paiva,

Sales, Scanduzzi and Anjos (2001), corroborate the above, demonstrating that some studies have been carried out to assess the quality of life of patients diagnosed with breast cancer, the problems with the highest incidence in these studies are those related to sexual satisfaction and the problems related to the upper limb, which often presents lymphedema and limitations of its use, causing a greater dependence on this woman in daily tasks. Thus, this study aimed to identify the feelings experienced by women undergoing mastectomy.

## II. METHODOLOGY

This study is characterized as descriptive, exploratory with a qualitative approach, being carried out in a referral hospital in the treatment of cancer in the state of Pará. To this end, 08 mastectomized women who were undergoing treatment and / or follow-up in the hospital participated, after release of the educational institution's ethics committee. For the definition of the sample, the inclusion criteria were chosen: Women over 25 years old mastectomized, regulated in the hospital and who are undergoing treatment and / or monitoring. In addition to having an active sex life before and / or after surgery. The exclusion criteria are women who do not fit the inclusive criteria.

For data collection, a semi-structured interview script with open questions was applied, elaborated based on the objectives of this study. For a more reliable analysis, the interviews were recorded on audio with authorization. Participants were informed about the guarantee of anonymity and were instructed on the possibility of giving up the research. Those who agreed to contribute signed two copies of the informed consent form, one that would remain with the student team, and the other with the participant.

Bardin's content analysis was used to explore the empirical data collected, characterized as a set of communication analysis techniques that uses systematic and objective procedures to describe the content of the

messages, consisting of the following steps: pre-analysis, material exploration with data coding and treatment of results and interpretations (Castro, Abs, & Sarriera, 2011). After the transcriptions carried out, if a reading criteria and data analysis, create empirical categories broken down by subject, respecting the similarities of the answers.

In order to comply with Resolution 466/2012 of the National Health Council, the anonymity and confidentiality of the data were guaranteed, replacing the names with alphanumeric codes. The Free and Informed Consent Term (ICF) was read and delivered in writing, before the collection procedure to the participants, to enable them to know the conditions that permeate the research with human beings.

### III. RESULTS AND DISCUSSION

As mentioned in this study, 08 women who underwent mastectomy and registered at the referral hospital for treatment and oncological follow-up, located in the city of Belém-PÁ, where all the interviewees reported residing in the metropolitan region of Belém, took part in the research. Characterization of women with emphasis on information general as: Age, education, marital status, profession, religion, cases of cancer in the family, post-operative time, if breast reconstruction had already been performed.

Regarding the age of the interviewees, it was possible to identify the average of 40.2 years. When asked about the marital situation, only two (02) women reported being married, the four (04) women claimed to be single, two (02) women are in a stable relationship. Regarding the women's educational level, three (03) reported having completed high school, one (01) had not completed high school, three (03) had completed higher education and one (01) had incomplete higher education.

As for the interviewees' profession, they were varied, being one (01) administrative assistant, one (01) nurse, one (01) massage therapist, one (01) psychologist, one (01) nurse, one (01) nutritionist and one (01) librarian, who, in relation to the profession of each interviewee, the result was varied.

When we asked if they had any religion, four (04) of the interviewees were catholic, two (02) called themselves evangelical practitioners and two (02) said they had no religion, therefore, for this research, 50% of the interviewees were Catholic.

Furthermore, with regard to the history of breast cancer and heredity in the women interviewed, it was possible to observe the average of the interviewees who had cases of cancer in the family of 50% with a total of

four (04) interviewees. When asked about the postoperative period, responses ranged from eighteen (18) days to five (05) years. As for breast reconstruction, only two had undergone surgery.

Among the results obtained in this research, two categories were evidenced about the main feelings reported by the women participating in the study, namely: The feelings experienced when being informed about the need for partial or total breast removal, and Feelings related to sexual life with your partner and the woman's self-esteem after mastectomy. The categories, as well as the results and discussions on the topic, follow below.

In the first category, there are several reports on the loss of femininity, feelings of anguish and anxiety related to the surgical procedure, fear of being abandoned, feelings of denial and fear of death. However, other participants reported facing the moment naturally, due to the awareness of the need for treatment, as well as reinforcing that speeches about dysfunctions in sexuality linked to the breast may be more linked to the concept of aesthetics imposed than the woman herself and her relationships, as shown in the following reports:

*"Actually, I felt that I was going to lose my identity, a little of my feminine identity. I had already lost it because of hair loss and then because of the loss of the breast. " (P7)*

*"It was a terrible thing with several sleepless days and nights. The person who loses a breast is losing part of the appearance of his body, this brings many feelings of loss until you get used to it ... " (P2)*

*"The feeling that my husband would not want me anymore, that he would no longer see me as a woman, would see me as a mutilated woman, would live as a mutilated woman was no longer desired, you know? ... " (P1)*

*"The loss of a breast is a great feeling". (P6)*

*"First, it is notorious that you think you are going to die, soon after, the next day, you are dead and this feeling of denial, right? I am not sick ...." (P8)*

*"First thanks to God. And try to see a matter of aesthetics as a normal thing. " (P3)*

*"Everything within my treatment I have always seen very naturally and I knew it could happen, I believe that women have the power of seduction, whether or not they have the breast". (P5)*

*"I was not so surprised by the confirmation, as there was already science." (P4)*

The diagnosis of breast cancer brings with it the feeling of impotence and even the fear of death, because in addition to being a stressful fact for women, it also means changes, both psychological, social and sexual, as there is a series of transformations in the body, in addition to causing the threat of breast mutilation (Cesnik & Santos, 2012).

Sousa, Santos and Costa (2014), describe that breast removal is one of the safest ways to guarantee the extinction of breast cancer, and this is a procedure that can be performed in several ways, depending on the degree of the disease, tumor size, among other characteristics. As a primary treatment, surgical intervention is usually performed, which can be restricted to the tumor, reach surrounding tissues or even total breast removal (radical mastectomy) and also the removal of lymph nodes in the axillary region and pectoral muscles (Cesnik & Santos, 2012; Santos & Vieira, 2011).

Many women, when undergoing surgery, find themselves feeling very lost after this process, due to the absence of their breast. Gasparelo, Sales, Marcon and Salci (2010), show that mastectomy brings to the woman a very modified body image, mainly due to the emphasis that is given to the breast and because it represents femininity, which can directly interfere in the interactions that the woman has with others and with herself, often generating insecurities and fears, which must be worked on to provide them with a better quality of life.

The second category, which deals with the main feelings related to sexual life, as well as the woman's self-esteem, showed that the partner's support during the treatment is paramount, since he acts directly on the woman's libido. In addition, there were reports of shame of the body after the surgery, as well as difficulties with self-acceptance and fear of the partner's reaction. Others also reported difficulty in the first sexual intercourse and perception of feelings of rejection on the part of the partner, as reported below:

*"I think kissing is very important at a time like this, understand? So when you have a good partner everything fits". (P5)*

*"Yes, right at the beginning yes, I had difficulty undressing, especially in the first intercourse after the mastectomy, it was not something I could find normal or find myself sexy or because of the lack of the breast". (P7)*

*"It is a mixed feeling. If I tell you that I am a person who did not feel anything, I will be lying. Because yes, it is in our heads the acceptance of the man, how the man will*

*look at you, how the first sex will be, but when you start to find solutions and not put more problems where you already have, everything is solved". (P5)*

*"Look, it sucks! Because not feeling that your partner wants you, makes you, unable to have that desire for him, so in your head you are already suffering from the trauma of mastectomy". (P1)*

*"Right at the beginning it was very difficult, you know, taking off your clothes for your partner knowing that you have a scar here, how could he understand the fact that you were mastectomized, there are many who do not understand and you are ashamed". (P8)*

Sexuality is an experience expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. Although sexuality can include all these dimensions, not all of them are always expressed or felt, being influenced by the interaction of biological, social, economic, political, cultural, legal, historical, religious and spiritual factors (Silva et al., 2012).

Based on the fact that sexuality is seen as a human condition that begins to form in childhood, it continues to be built in adolescence and manifests itself differently in the various stages of life (Rheume & Mitty, 2008; Van-Haute, 2005). This, according to Freud, should not be neglected, since this can cause a mixture of negative feelings, affecting several areas of the individual's behavior and self-image (Brenner, 2007).

Sexuality reflects the entire emotional expression of the experience, while incorporating the influence of the moment experienced. This "emotional expression" can also be manifested by verbal silence, often built due to the impositions of the social environment, which carries with it secular normative and regulatory attitudes of aspects of sexuality, mainly concerning the female sex, promoting aesthetic concepts that make many women feel displaced because they do not fit into standards (Ressel & Silva, 2001).

#### IV. CONCLUSION

From the data collected, the importance of treating the feelings resulting from the mastectomy surgery for the woman was evidenced, since in this process there is a mixture of feelings that can directly influence both the treatment, as well as the woman's self-image and self-esteem, being able to be responsible for triggering negative feelings and assigning obstacles to treatment.

In this way, the role of professionals in supporting this woman is emphasized, as well as in identifying the needs that she may have as a result of the procedure, both



individually and in the family. The importance of the partner in the support given to the woman was also evidenced, since the latter has great representativeness with regard to the woman's self-acceptance.

The guiding question developed for this research was answered, since the feelings identified after the mastectomy were explained. As for the objectives, these were achieved, since when analyzing the sexuality of women who underwent mastectomy and unveiling their feelings through interviews, it was identified that there were direct interferences in their quality of life after breast removal, most women said they perceived notable changes related to sexual life.

Finally, it is noteworthy that even though it is an extremely invasive and life-modifying procedure for women, mastectomy can be viewed naturally and coped with in a healthy way, when the woman receives support and a good base, both family and professional, about the surgery, actions that should be encouraged aiming at the well-being and quality of life of these women.

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