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IMPACT OF MASTECTOMY ON WOMEN'S SELF-ESTEMS

***¹Rosane da Silva Santana, ²Diely Day Rodrigues dos Santos, ²Malu Carvalho Pereira, ³Francisca Karina B. de Sousa, ³Maria Oneide dos Santos, ³Antônia Samara Alves da Silva, ³Wesley Fernandes dos Santos, ⁴Andreia Bispo de Araújo, ⁵Nanielle Silva Barbosa, ⁵Kauan Gustavo de Carvalho, ⁶Amanda Karoliny Meneses Resende and ⁶Lizandra Fernandes do Nascimento**

¹Nurse. PhD in Nursing. Professor at the Nursing Department of the UNINASSAU University Center. Teresina, PI, Brazil

²Nurse. Professor at the Nursing Department of the UNINASSAU University Center. Teresina, PI, Brazil

³Nursing student, Department of Nursing, University Center UNINASSAU. Teresina, PI, Brazil

⁴Nursing student, Department of Nursing, UNINASSAU University Center. Teresina, PI, Brazil. Contribution: elaboration and critical review of the intellectual content of the study; Approval of final version of study to be published

⁵Nursing student, Department of Nursing, University Center UNINASSAU. Teresina, PI, Brazil

⁶Nurse. Professor at the Nursing Department of the UNINASSAU University Center. Teresina, PI, Brazil

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ABSTRACT

Objective: To analyze the impacts of mastectomy on the self-esteem of women who have cancer and who attend a high complexity hospital. **Method:** This is a descriptive-qualitative study conducted in a reference hospital in oncology Teresina-PI. For data analysis, the Collective Subject Discourse (CSD) method was used. **Results:** It was verified through the speeches, how much breast removal interferes with female self-esteem. And despite the painful process that mastectomy causes to the physical and psychological aspects of women, it is possible to observe that they position themselves positively to treatment, turning to the thought of healing and reestablishing health. As for the main feelings experienced by the women in the study, there were feelings of appreciation of life, for the victory of having taken the tumor. **Conclusion:** Most women reacted to the diagnosis of breast cancer and its treatment negatively, referring moments of fragility, fear and insecurity.

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INTRODUCTION

In Brazil, Breast Cancer accounts for 25% of new cases with an incidence of 600,000 cases of the disease in 2016 and 2017. It is the most common type among Brazilian women and worldwide, preceded only by skin cancer of the type. non-melanoma. The most significant risk factors for breast cancer are related to women's reproductive life aspects such as early menarche, prolonged use of oral contraceptives, first pregnancy after 30 years, abortion, late menopause, hormone replacement therapy and nuliparity (Silva *et al*, 2017; INCA, 2017). The screening of the population considered at risk, women between 50 and 69 years, is made from mammography performed every 2 years.

***Corresponding author: Rosane da Silva Santana,**
Nurse. PhD in Nursing. Professor at the Nursing Department of the UNINASSAU University Center. Teresina, PI, Brazil

After confirmation of the diagnosis and the treatment to be followed, feelings of discouragement related to side effects such as hair loss and body changes may appear on the patient, directly reflecting on the loss of their self-esteem and femininity (Menezes, Schulz, Peres, 2012). Breast cancer can be malignant or benign. The malignant cell proliferates in the lobes and mammary ducts, the most common demonstration of which is the exteriorization of a painless, hard and irregular lump, and may manifest other globular tumors of soft consistency, well defined with discharge from secretion, reddish coloration of the breast, edema, pain, nipple inversion, and peeling or ulceration (INCA, 2014). Efforts to control breast cancer focus on actions aimed at the discovery of a still smaller diameter breast tumor restricted only to the breast parenchyma without metastasis. The choice of therapies will depend on the stage at which the tumor was detected and the initiation of treatment (Melo, Souza, 2012). The treatment for

breast cancer is diverse, taking into account the particularities of each case, according to its characteristics, classification, extension and stages of the tumor. The methods employed for treatment include the clinical procedure (chemotherapy and radiotherapy) and the surgical procedure (mastectomy with or without breast reconstruction) (Marsh, Williamson, 2019). Mastectomy consists of the removal of the affected breast and is subdivided into simple mastectomy (removal of only one breast), radical mastectomy (removes the breast, regional lymph nodes, muscles, fat and skin), and modified mastectomy (removes the and part of the musculature, such procedures depend on the size and location of the tumor (Lopes, 2013). Most women with breast cancer see their bodies mutilated, become unlovely, and tend to lose their femininity. The disease attributes a woman's low self-esteem because it affects body image, social interactions and sometimes the relationship with her marital partner, reflecting on the sexual rejection by the partner (Silva, 2012). Breast reconstruction is an option to alleviate the lack of breast, aiming at physical and aesthetic rehabilitation. It aims to return a woman who is already mastectomized or who is still undergoing mastectomy to a better quality of life, preserving integrity and self-image, making the rehabilitation process less traumatic and bringing both physical, psychological and social benefits (Paredes, 2013). To encourage and overcome the consequences that breast cancer has on women's lives, alternatives to enhance their body image are sought. Support groups for women with cancer play a key role throughout the treatment and rehabilitation process by helping women to cope with their fears, alleviate anxiety, lessen their doubts and share experiences with others who are living the same situation than them (Kim, Park, Ryoo, 2018). Thus, the study aimed to analyze the impacts of mastectomy on the self-esteem of women who had cancer and who attend a hospital of high complexity.

MATERIALS AND METHODS

This is a qualitative study with a descriptive approach conducted in a reference hospital in oncology located in the municipality of Teresina-PI. Data collection took place in October 2018, after authorization by the Research Ethics Committee of the Getúlio Vargas Hospital of the State of Piauí (Opinion: 2,935,551). The research subjects were 10 women who underwent mastectomy as a result of breast cancer. Women over 30 years of age who attend the hospital for routine consultations and hospitalization were included, and those under chemotherapy or radiotherapy were excluded. Data were collected in the consultation and ward sectors of the hospital, through an interview with semi-structured script prepared by the researchers. The script contains questions about women's sociodemographic data and post-procedure self-esteem. The interviews were conducted at the hospital premises after the explanation of the research objectives. Those who agreed to participate in the study signed the Informed Consent Form (ICF). The interviews were recorded using an MP4 device to ensure the authenticity of the statements. As a way of security to the interviewees, the pseudonym WOM (female) in upper case was used, followed by the numbering from 1 to 10 (WOM1, WOM2, ..., WOM10), so that all the research subjects could certify themselves that their identities would remain anonymous. For data analysis of the participants, the Collective Subject Discourse (CSD) method was used as a way to redeem the Social Representation (RS). It is characterized by opinions or

individual expressions that have similar meaning grouped into general semantic categories for the purpose of reconstructing opinions while preserving their individual dimension articulated with their collective dimension (Lefevre, Lefevre, 2014).

RESULTS

Of the 10 women interviewed, five are between 40 and 50 years old, four between 50 and 60 years old and one above 60 years old. Four of them have completed elementary school. All 10 women interviewed underwent mastectomy, with differences in the types of surgery to remove the tumor. After the processing stage, the interviewees' reports were interpreted, and according to the opinion presented by them, two meaning categories were identified, namely, the first being self-esteem of the woman after mastectomy and the second being feelings experienced after the mastectomy. It was verified through the speeches, how much breast removal interferes with female self-esteem. They reported feeling low self-esteem after mastectomy, some cried during the interview. It was noted that the impacts of total breast removal cause great suffering and directly affected the psychological, preventing them from having self-esteem.

[...] *"See myself... (crying) ... Ugly. (crying) ... I don't feel like getting ready ... "* (MUL 05)

[...] *"I can't think I'm pretty yet, because the doctor said that only a year from now, because the doctors always do breast reconstruction right, and he doesn't, he said that only a year from now I will be able to ... "* (MUL 06)

[...] *"Right after the mastectomy, when I was still in the hospital, which is, the next day I got out of bed early the first thing I did was go to the bathroom and see myself in the mirror. When I saw that part of me taken away I felt terrible ... But, on the matter of self-esteem, I won't say that I'm 100% great, that I'm 100% normal, some days I'm down and some days I'm up ... But, after all, like this, I don't know, it's very difficult for a person to have a mastectomy, I don't know ... "* (MUL 07)

In the reports it was also possible to perceive conflicts of thoughts and dissatisfaction with the body, and at the same time a feeling of relief with the removal of the tumor and consequently the cure reducing the imminent risk of death.

[...] *"I'm not feeling very well, right? Yes, more or less, right? Yeah, I thought it better if I hadn't had this problem. Yes, I'm happy because it's funny God took this problem ... "* (MUL 01)

[...] *"My behavior is that I know that I had the sequel, that I looked in the mirror and saw something that was missing from me, but I pretended that it wasn't me. I would look in the mirror and say: no, it's not me, I'll pretend I'm normal and life goes on ... "* (MUL 02).

[...] *"The hardest thing was not being able to do anything (laughs), and not going out much, because when I was without hair, I felt more ashamed of the naked head, but hair was born, I'm fine thank God ... "* (MUL10).

The impact that breast removal has on the women interviewed is visible. From the first sight when looking in the mirror and seeing only one breast, they were perplexed, with feelings of sadness that they had lost an organ that represents their

sexuality, impairing their vanity, feeling inferior to other women. In the statements of MUL03, 04, 08 and 10, mastectomy is the beginning of a new opportunity for resumption, since the tumor is completely removed. And despite the painful process that mastectomy causes to the physical and psychological aspects of women, it is possible to observe that they position themselves positively to treatment, turning to the thought of healing and restoring their health.

[...] "My relationship of self-esteem is ok, I was very relieved to have taken this problem ..." (MUL 03).

[...] "I felt happy because I removed the tumor ..." (MUL 04).

[...] "My self-esteem after mastectomy is a positive self-esteem (silence), it is ... because cancer transforms people's lives, it transforms people's lives. From the moment of cancer diagnosis you try to see life in another way, without giving more value to material goods, without giving value to small things, you value the look, the hug, the people, it's ..., you values nature very much" (MUL8).

[...] "I never felt bad, inferior, nothing, thank God I feel good, I don't have any plot. (crying) ... when we hear the news (crying) ... it's not easy no, but I recovered very well thanks to God, with the support of my whole family ..." (MUL10).

During the speeches of women, fear was also noticed by the possibility of hair loss, even though they know it is one of the side effects of the chemotherapy phase. Turbans, burrows and wigs are some of the acquisitions to disguise the lack of hair or slow its fall. At the same time, the fight against cancer has brought new perspectives of health quality and life valorization. It can be observed that coping with this phase is different for each woman, and is closely linked to her psychological preparation and a good family structure.

Feelings experienced after mastectomy

As for the main feelings experienced by the women in the study, there were feelings of appreciation of life, for the victory of having taken the tumor. Despite the sequelae left by mastectomy, women seek contentment for having removed the tumor and concentrate their forces on the full reestablishment of their health.

[...] "I'm happy because thank God I took and I had nothing, I'm not feeling very bad, right?! I value life, right!?" (MUL01)

[...] "Feeling of getting something bad out of me. A victory, but we have sequels, nevertheless, right?! We have to fight and then we can put the prosthesis and go live ...". (MUL 02)

[...] "I felt, it's ..., calmer, more, is, prepared for radiotherapy ...". (MUL03)

[...] I was not so sad because soon he (doctor) put the prosthesis. (MUL 04)

[...] "I had a health plan, my breast was preserved, wonderful family, right? so I saw that I had no reason to complain about life, complain about God, at no time did I complain, quite the contrary, each day I just thank you for the opportunity to have the discovery early and have successfully treated, huh? and not having lost my breast" (MUL08).

One of the fears most experienced by women to know that they will undergo chemotherapy is the possibility of total hair loss during the treatment period, seeking to slow this process many women seek alternative means, as we can see in the lines below:

[...] "I don't know ..." (crying). (MUL05).

[...] "I felt free that it was taken ... in the first section of chemo I used a burrow because I was told that my hair was going to fall out, but that burrow does not guarantee almost anything ... I was so afraid of being very ugly ... not even ugly is because the person feels less right ..." (MUL06).

[...] "Like, at the time I was 29 years old, I was still young, and today at 47 I am very sorry for not having breast reconstruction at the time, because the doctor told me that after surgery about 6 months I had the right to do breast reconstruction, but as I had a hard time, my self-esteem was very low, I was very afraid of going into another surgery process so I got scared, and today I am very sorry I didn't do that. Today I'm 17 years old that I had this surgery, I'm very sorry I didn't do the breast reconstruction, because I was very, so, through people's heads, I asked people for opinion and people said: No, let pra la! ... Some days I want to wear a beautiful outfit, like, a blouse, like, with cleavage or sometimes I see myself, like, and look at myself in the mirror and do not feel" (MUL07).

Feelings after mastectomy are individual for each woman, and despite the differences there is a predominance of negative emotions caused by thoughts of mutilation, shame and frustration of the current situation with the amputation of part of her body, not allowing her to have the same sensation as those of her non-mastectomized women, being conducive to low self-esteem.

DISCUSSION

Self-esteem is a term commonly used in society defined as something related to itself, in relation to value, appreciation or consideration "esteem". It is a feeling that stems from interpersonal relationships where the person and their behaviors are socially recognized. It implies the possibility of feeling free, loved, protagonist of their decisions and creative in life (Guilhardi, 2002). Self-esteem is self-concept made of oneself, that is, the image people have of themselves, what they feel and think and how the individual is satisfied or dissatisfied with the situations faced. Their self-assessment positively or negatively in the situations experienced in their daily life directly influence the health and well-being of the individual. The acceptance phase of the breast cancer diagnosis is driven by the desire for healing through the treatments and the longing for this painful period to occur quickly and without complications, to completely remove the tumor, eliminating the chances of the disease returning and ruling out the risk. imminent death. The most feared fear of surgery is breast loss and hair loss as one of the most aggressive effects, greatly affecting women's psychological conditions (Zuckerman, Chen, Judith, 2016; Nascimento *et al*, 2015). Mastectomy is one of the likely treatments for most women with breast cancer. By undergoing breast removal or part of it, certainly, the woman will be undergoing a major change, thus experiencing a physical, emotional and social

commitment, and with a feeling of helplessness and frustration (Pereira *et al*, 2006). The breast is the symbol of female beauty, and when absent can generate fear in mastectomized women, feelings of inferiority when compared with other women, fear of prejudgment of society and especially of not being attractive by the partner sexually causes fear and feeling women who had their breasts removed totally or partially, both bringing psychic impairment (Majewski *et al*, 2012). Restorative surgery is one of the alternatives to mastectomy and has a direct impact on improving patients' quality of life and self-esteem, interfering with a variety of conditions, especially improving emotional, physical and social aspects. This change that allows the rehabilitation and improvement of patients' well-being contributes to the insertion of the individual in the family and society (Furlan *et al*, 2013). Mastectomy, despite negatively affecting a woman's life due to its mutilating effect, is considered one of the most effective forms of treatment for breast cancer, as it consists of total or partial removal of the breast and axillary lymph nodes as a way to eradicate the breast tumor. Most women with breast cancer tend to perceive and represent their bodies as mutilated, abnormal and deficient, become deprived of beauty and lose their femininity. The disease attributes to a social stigma that shakes body image, social interactions and sometimes the relationship with their marital partner due to the absence of the organ that brings them pleasure and carnal satisfaction, reflecting in the sexual rejection by the partner (Silva *et al*, 2012. Paredes *et al*, 2013).

Associated with breast removal is also hair loss as an important consequence of the effect of chemotherapy treatment. The fact of exposing the disease externally evidenced by baldness further harms the woman in her self-esteem and self-acceptance process. At the same time, the fight against cancer has brought new perspectives of health quality and life valorization. It is possible to observe that coping with this phase is different for each woman, and is closely linked to her psychological preparation and a good family structure (Almeida *et al*, 2015). Among sources of support for women with cancer, family and religion are important for coping with the disease and treatment. Family support and faith can bring motivating feelings that help to understand and accept the situation the woman is facing, bringing the conviction of healing, optimism and willpower to better cope with the current condition (Majewski *et al*, 2012; Furlan *et al*, 2013; Almeida *et al*, 2015). The discovery of cancer brings traumatic changes in a woman's life, such as the loss of her autonomy and her role as a helper within the family structure, which can result in low self-esteem, and bring feelings of devaluation, as well as feelings of mutilation, fear, crying, sadness, disinterest in life and in one's own body. Anxiety and angry behavior may also be present during the phases of this woman's illness process, which may compromise physical and emotional well-being (Frohlich, Benetti, Stumm, 2014). The feeling of tranquility shown by women facing their diagnosis and coping with cancer is seen by some authors and also through the statements of this study as a behavior that escapes their reality, a way found not to show despair, the way found not to expose their real feelings, or even the person's way of bringing benefits to their health and speeding up their treatment (Frohlich, Benetti, Stumm, 2014). In addition to breast-related feelings of loss due to the mastectomy itself, women suffer from chemotherapy and radiotherapy treatment and all their associated side effects, which often generate fear because it affects their self-image. Mastectomy impacts women by

undermining their self-esteem and when associated with chemotherapy, this impact increases even more as a result of side effects. The adherence of women worldwide to early cancer detection methods and early treatment initiation has increased the chances of curing the disease, and their autonomy and optimism have positively influenced treatment and treatment return of this woman to society (Lahoz, 2014).

Conclusion

Most women reacted to the diagnosis of breast cancer and its treatment negatively, referring to moments of fragility, fear and insecurity with their bodies, and that the search for religion, the support of friends and family were the main forms of find strength and courage to cope with treatment and achieve healing.

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