

Mental health of females after mastectomy: a qualitative case study, Gujarat, India

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Abstract

Background: Breast cancer (Ca) is by far the most frequent cancer among women globally. It is now the most common Ca in both developed and developing regions. In India, Ca breast is the first common cause of Ca diagnosed in women and it is estimated to increase in coming years. Although with the availability of treatment, the survival rate of patients has increased, still limited research on the postsurgical mental status of females having Ca breast especially from India.

Objectives: Present study explores the mental status of females who underwent mastectomy surgery.

Materials and Methods: A qualitative study (mainly in-depth interviews) was conducted among females of Ca breast who underwent mastectomy. Themes include self-reaction and reaction of family members at the time of diagnosis and reaction during pre- and postsurgery period. Coping mechanism adopted pre- and postsurgery were also documented. Interviews were analyzed using Atlas Ti software.

Results: The result indicates immense fear of disfigurement, which leads to denial for the surgery. There was also intense fear of relapse, which causes anticipatory waiting for next checkup. Strong social support, high family functioning, and faith in God are reported to be positive personal resources for coping.

Conclusion: Present study explores various mental health issues that a woman has to face during diagnosis and the rest of the life, and narrates an urgent need for counseling for the patients and family members. The result of this study reinforces the need for counseling and to consolidate physical and psychological rehabilitation to ensure permanent cancer care.

KEY WORDS: Cancer breast, mental status, mastectomy

Introduction

Breast cancer is by far the most frequent cancer among women, with an estimated 1.67 million new cases diagnosed in 2012 (25% of all cancers). It is now the most common cancer in both developed (794,000 cases) and developing regions (883,000 cases). Incidence rates vary from 27 per 100,000 women in eastern Africa to 98 per 100,000 women in western Europe. The range of mortality rate is similar approximately

6–20 per 100,000, because of the more favorable survival of breast cancer cases in developed countries. As a result, breast cancer ranks the fifth cause of death from cancer, still the most frequent cause of cancer deaths in women in developing regions.^[1]

The incidence of Ca breast is rising in India and has overtook cervical cancer as the most common type of cancer among all women and become the first most common cancer diagnosed in women.^[1] It is estimated that during the year 2012, about 144,937 new cases of breast cancer in women occurred in India, which accounts for 27% of all malignant cases. About 70,218 women died of this cancer with mortality rate of 12.7 per 100,000 population, ranking number one killer of women.^[1] Moreover, in coming years, the incidence of disease is expected to increase. By 2020, 70% of the world's cancer cases will be in poor countries, with a fifth in India. It is estimated that by 2030, the number of new cases of breast cancer in India will reach just below 200,000 per year.^[2]

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There is rapid advancement in the diagnosis and treatment of cancer in recent years, which leads to increase of survival rate of patients; hence, there is an urgent need for implementation of mental and physical rehabilitation services for providing quality of care. In addition to physical stress, breast cancer patient faces various psychological problems like mental stress leading to many emotional disorders such as anxiety, tension, depression, grief, hopelessness, helplessness, and high degree of passivity.^[3] Majority of the work in this area is still focused on the diagnosis and treatment period, with a lower volume of publications dedicated to patients in the post-treatment or postsurgical period.^[4] Given the increasing trend of the disease in India, studies that address the mental status in the postsurgical period are required in order to understand the specificity and needs. Hence, the present study explores the mental status of postsurgical women who underwent mastectomy during the diagnosis and after surgery and their postsurgical coping mechanism.

Materials and Methods

Present study with a qualitative design (mainly in-depth Interviews) was conducted in Ahmedabad district of Gujarat among females who underwent mastectomy and who completed 6 months postsurgery. The index woman was identified from tertiary care hospital of Ahmedabad and subsequent participants were identified by snowball sampling technique. The number of participants to be included in the study was based on the criterion of data saturation, where the information being analyzed became recurrent and repetitive. Women were interviewed at their household level. Written informed consent was sought from the participants.

Based on literature review, major themes were identified for the interviews.^[5] Themes include reaction of self and family members at the time of diagnosis and at the time of surgery and postsurgical reaction, coping mechanism, and defense mechanism adopted pre- and postsurgery. All interviews were conducted in local vernacular language and audio recorded with adequate privacy. Interviews were then transcribed and translated in English. Interviews were analyzed using Atlas TI software.

Results

Participants

Six women who underwent mastectomy (partial or total) were interviewed. Only those who agreed to participate voluntarily in the research and signed the free prior informed consent form were recruited. The participants aged between 44 and 69 years. As per the marital status, five were married and one was unmarried. Four women were housewives, whereas rest two were school teachers and retired. All were literate and completed secondary education. Out of five married women, four had one or more kids. Each theme is discussed below in detail.

1. Reaction of self and family members at the time of diagnosis

Previous research highlights significant psychosocial impact of the cancer diagnosis on younger women. They experienced being in a rollercoaster of emotions, were distressed, and felt insecure.^[5]

Similarly, for the women in this study also it appeared to be a shock to learn that they had breast cancer. The actual point of diagnosis was described as the most stressful time in their life. It was found that at the time of diagnosis women blamed God for their entire problem. As narrated in quote below:

“Why this happens to me only? I pray to God every day. Why God has given this disease to me? My self and family members cried a lot on that day, but then they gave me strength and convince me to go for surgery”.

Another woman took the diagnosis positively as narrated in the quote:

“I have to bear the problems and other people will watch it. So if I feel tense or worry about it, I have to face another problems like high Blood Pressure etc. So I took it positively. I have shared my problems with all other relatives and office staff”.

All the women had psychological reactions such as anger, or intense fear toward their disease and treatment process. It was found that all patients had fear of disfigurement, fear of consequences of treatment such as loss of hair, pain, spread of disease to other organs, and fear of breaking families without them.

2. Reaction of self and family member when suggested surgery

Fear of scars or disfigurement due to surgery

The scientific literature is rich in accounts of the loss of a body part being experienced as harm to the self-image and therefore, affecting the psychic condition of the person affected, triggering a painful process of mourning.^[6] According to the literature, surgery for removal of tumor mass does not only change just the body image of women, but also their self-image.^[7]

In the present study, there was a denial for surgery due to the fear of scars and disfigurement. One of the respondents shared that *“Initially, I refused for surgery because if my breast will be removed there will be permanent scar and disfigurement of my body. Then my sister & brother explained me that it should be removed otherwise it will spread out to other organs”.*

Another respondent opined that the reason for delay in starting treatment was fear of loss of hair due to chemotherapy, as narrated in the following:

“Previously, I don’t want to undergone chemotherapy because, I have heard that due to chemotherapy, there is severe hair loss”

Other physical sequelae resulting from treatment for breast cancer were verbalized, such as limitations in movement and pain in stitches due to surgery.

3. Postsurgical reaction

Fear of consequences and relapse

Cancer treatment has benefited from technological innovations that result in increased rates of survival. Even though cancer brings up the sensation of vulnerability faced with close contact with finitude and the possibility of death, studies found fear of relapse as one of the aspect related to chronic stress in women undergoing rehabilitation for breast cancer.^[8]

This study found similar findings. There was constant fear of consequences such as the following: it can spread any moment and can strike any part of the body by metastasis that caused constant helplessness and depression among patients. It was also found that patient has anticipatory waiting for next checkup and worried about the results as narrated in the quotes below:

"Cancer is not curable. It is like a hanging sword anytime it may fall on you. Whenever I got headache or body pain there is fear that the cancer has spread to other organs, so frequently I went to the hospital for the check up. I feel relief after receiving the result and talking with the doctor that everything is good. Disease other than cancer is curable but in this disease, there is first stage, second stage and then end".

"Everyone tell me that I will be cured and I am at first stage of cancer which is totally curable but I know that they are trying to hide the truth. Cancer is incurable and very dangerous disease and it will spread to other body parts".

4. Self-defense before and after surgery

Given the consequences of surgery such as loss of body parts and hair, women were asked about how they prepared themselves for surgery. It was found that, for self-defense from unfortunate consequences, women reported that support group plays important role in self-defense.

Women reported that after the diagnosis, when doctor told them that their breast to be removed and there are no other alternative, their immediate reaction was to ask the experience of other patients (survivors) who underwent surgery and what are the consequences of treatment such as hair loss. Patients also reported that, after talking with those who underwent mastectomy, they feel good and that built up their confidence.

"We met the patients who underwent mastectomy. They gave me strength and said we had also underwent surgery before 10 years and do not worry. You should also go for surgery. After talking with them I came across various consequences that I have to pass through during the treatment and then I prepared myself for that".

5. Coping mechanism adopted

Good family and social support helps in coping

Influence from family and social support plays both positive and negative roles in coping mechanism, in one hand family and friends' support gives strength and confidence to the patients, on the other hand any bad experience like death of a person due to cancer in family or relatives affect

negatively toward coping. This study found that some experience from relatives such as death of people they knew due to cancer and spread of disease to other organ after treatment acted negatively toward the patient that caused stress among them. On the other hand, some patients said family member's support gave them strength. A qualitative study on stressor in breast cancer reported the same findings.^[6]

One of the respondents shared that *"I knew a girl, she suddenly diagnosed cancer and died within 1 month and these type of events increase my fear"*.

It was also observed that patients who had good support of family, cope up with the situation well; on the other hand, patient who was unmarried and stay alone felt fear and depression. This finding highlights the importance of family support and role of support group.

One of the participants shared that *"when family members or friends visit me I feel good. I feel very good but now I feel alone and I have frequent negative thinking"*.

Positive coping due to responsibility of family members

A study found that, women who had responsibility of their children and family members, showed positive coping to shield their families due to their responsibilities toward their children.^[5] Participants reported that they have responsibilities of children and whole family so they need to be strong, despite of being fragile in order to minimize their concerns.

"I have stopped to worry about this illness because all responsibility of my mother-in-law lies on me. She is not well so, I need to take care of her. If, I will cry other members also feel sad. I have to bear a pain and nobody can give me relief. If I will take tension, my health will be deteriorated".

"My family will be broken if, I am not there and this is the major concern of mine. So that I show myself strong and cope up with this disease for the safety of my family and my children".

Spirituality or Faith in God helps in coping

It was found that faith in God has positive impact on patients. Those patients who had faith in God accepted the disease well. A participant shared that *"I have faith in God, whatever God will do will be good for me. I pray to God that, you have given me the problem but give me strength to combat these difficulties"*.

Another participant narrated that *"Whenever I feel pain or discomfort I usually take some time and sit in front of God and pray that gives me strength to fight with the pain"*.

Discussion

This study identified the important aspects of mental status of females who underwent mastectomy. It was found that, although women had finished surgery and are on treatment for considerable time, wide range of stressors related to the disease are still present in their lives, which seems to be ignored and left untreated. It was found that the diagnosis phase of women was most stressful for them as well as for family members. Moreover, among the surgical interventions for various

types of cancers, breast cancer leaves a visible mark on the body, reminding the women of the situation of permanent loss. This study also shows that there was immense fear of disfigurement due to loss of breast among females. There was also constant fear of spread of the disease to other organs that makes them more stressful. The postsurgical stage was also stressful for women. There was intense fear of relapse, which causes anticipatory waiting for next checkup. The combination of all factors leads to a feeling of helplessness with vulnerability among them.

The role of support group was also identified as an important factor for self-defense of women, which can play vital role in future interventions. It was found that participants contacted women who underwent mastectomy to know the consequences and so as to prepare themselves for surgery. Present study highlights that family support plays an important role in coping mechanism. It was found that unmarried women are more likely to have mental problems compared to married women. It was reported that women having good family support cope up well as compared to women who live alone having little social support. More so, it was found that responsibility of family helps in coping, as women shield their emotions due to concerns of their children and family. Previous studies also support this finding that, among psychosocial factors, factors relating to patient's environment such as social support and family functioning, and problem solving or coping styles were highly associated with anxiety and depressive disorders.^[9] Strong social support, high family functioning, and adaptive problem-solving patterns are reported to be positive personal resources. These resources are considered as the protective factors that help to moderate psychosocial stress and lessen psychiatric morbidities. Previous studies show that strong social support, high family functioning, and adaptive problem-solving patterns reduced the psychiatric morbidities such as anxiety and depressive disorders in breast cancer patients.^[9]

Faith in God was found to be a positive factor for coping. A study found that supporting women's spirituality has been found to be helpful in assisting her to find meaning and move through the breast cancer trajectory.^[10] Understanding these common psychiatric disorders and associated psychosocial factors found in breast cancer patients can help to plan for effective treatment of these patients and may result in more treatment success. This study offers important contributions to the literature; however, there are important limitations that affect external validity, particularly generalizability as mental scores were not used and qualitative study design was used to understand the mental status of women who underwent mastectomy.

Conclusion

With recent improvement in technological innovations, there has been an increased rate of survival. Still, cancer makes a person vulnerable for physical and mental morbidities suffering from any form of cancer, which needs to be

documented adequately. This study points out various mental health issues that women face during diagnosis and the rest of the life, which shows an urgent need for counseling that is presently lacking in current cancer health programs. Counselor can play important role in cancer health programs for reducing pain and psychological morbidities. Presently, more emphasis is given to the treatment and diagnosis of cancer patients; however, the quality of life and mental status of women has not received considerable attention, which is equally important and meaningful as cancer cases are going to increase in coming years.

The involvement of family members and support groups can play an important role in coping up with this disease, which should be emphasized and incorporated in counseling services so as to prevent long-term consequences. Moreover, the need of counseling will become more important for unmarried women as the present study found that unmarried women are more stressful due to loneliness. Promoting patients' social support, especially emotional support from family and enhancing patient's coping skills may reduce the patient's psychological stress and psychiatric morbidities. The result of this study reinforces the need to consolidate physical and psychological rehabilitation to ensure permanent care to this vulnerable population.

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