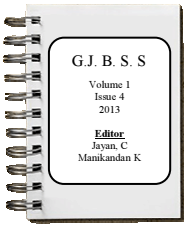
Guru Journal of Behavioral and Social Sciences
Volume 1 Issue 4 (Oct – Dec, 2013)
ISSN: 2320-9038 www.gjbss.org



Psychosocial Concerns of Breast Cancer Patients: An Explorative Study

Sukanya B. Menon* & Jayan, C**
*Assistant Professor, Department of Psychology, Prajyoti Niketan College, Trichur
** Professor, Department of Psychology, University of Calicut.

Received: 30 Aug 2013
Revised: 18 Oct 2013
Accepted: 22 Oct 2013

Keywords:

Breast cancer, Body image, Psychosocial concerns, Anxiety, Distress, Coping strategies.

Abstract

The aim of the study is to understand the psychosocial correlates of mastectomy. The participants included thirty six patients who have undergone mastectomy and are in different stages of treatment and data were collected using unstructured interviews. Content analysis was used for analyzing the data and four psychosocial aspects were found out. They are body image and psychosocial concerns, anxiety and distress, depressive symptoms and coping strategies used by the patient. This study is an attempt to emphasize the importance of extending services of mental health professionals in these areas for enhancing the quality of life of the patients who are undergoing treatment for breast cancer.

Cancer is one of the major health concerns among human population. One of the most widely seen cancer in women is breast cancer. Breast cancer that originates in breast tissue are mostly benign masses but some of them are confined within the ducts or lobules of the breast. Most other cancerous breast tumors are invasive, or infiltrating. These cancers start in the lobules or ducts of the breast but have broken through the ducts or glandular walls to invade the surrounding tissues of the breast. Extend to which the cancer is spread when it is first diagnosed determine the seriousness of the disease (American Cancer Society, 2008).

Surgery is usually the initial treatment for invasive breast cancer. Each individual give a unique meaning to surgical experience and the subsequent organ loss. This meaning regulates each patient's total life adaptation (Sutherland, 1957). The most commonly seen emotional reactions of patients after surgery are regression, anxiety, depression, hypochondriacal reactions, denial, obsessive compulsive reactions and acute schizophrenic reactions (Adsett, 1963). Women's depressive symptoms after breast cancer surgery may be conspired to heighten by the global stress perception coupled with cancer related intrusive thoughts and financial concerns along with tendency towards negativism (Golden-Kreutz, & Andersen, 2004). Premorbid personality of the patient has a great effect on how the patient faces cancer and its treatment strategy. The person's anxiety level and the way he expresses his emotion has a great influence on how he adjust to the situation after being diagnosed with cancer. Earlier studies have shown that patients who were chronically anxious and who suppressed negative emotions felt more emotionally distressed after the disclosure of having cancer than those who did not feel generally anxious or who expressed their emotions (Iwamitsu et al., 2005). Precancer psychiatric diagnosis, past physical or sexual traumas, recent life events, perceived lower social support, and younger age predicted higher psychological distress, more PTSD symptoms and depressive symptoms in breast cancer patients (Green, et al., 2000).

Surgical options of breast cancer include breast conserving therapy (BCT; often called *lumpectomy*) and axillary node dissection or a modified radical mastectomy (MRM), which includes removal of all breast tissue, as well as the axillary lymph nodes (Yurek, Farrar, & Andersen, 2000). No considerable difference in body anxiety, general psychological adjustment

and marital satisfaction is seen between patients who were undergoing either BCT and MRM (Sanger & Reznikoff, 1981). Even if the patient is undergoing either of these treatments, concern about body integrity has a negative impact on feeling of sexual desirability and of alienation from the self. It also has an adverse effect on social and recreational activities (Carver et al, 1998).

Surgery is usually followed by either radiotherapy or chemotherapy or both. Chemotherapy is poorly accepted against radiotherapy among patients who underwent radiation or chemotherapy or both after mastectomy within two years after mastectomy (Hughson, Cooper, McArdle, & Smith, 1986). There was no major difference in depression and anxiety in patients of all groups from one to six months after mastectomy. At thirteen months anxiety, depression, conditioned reflex, nausea and vomiting had risen to a peak and quarter of patients showed evidence of clinical depression in those who has undergone chemotherapy alone or in combined way. But at the same time period patients who has undergone radiation therapy recovered from emotional problems. During the second year anxiety and depression decreased in all groups except for patients in radiation therapy group who developed systemic disease. Another important factor to be considered is that conditioned reflex symptoms persisted even after the chemotherapy had stopped. Comparison between mastectomy patients with radiotherapy and without any adjuvant therapy also shows higher lethargy, physical symptoms and social dysfunction in patient who are undergoing radiotherapy for around thirteen months (Hughson, Cooper, McArdle, & Smith, 1987).

In different stages of breast cancer, that is initial diagnosis, surgery, adjuvant therapy, metastatic disease, recurrence and advanced illness patient uses different coping strategies to adjust with each and every stages. Some of them will help in better adjustment and others not. Poor and good coping strategies were analysed by studying different coping strategies used by breast cancer patients and their influence on psychosocial adaptation. Good coping strategies includes seeking and perceiving social and emotional support and an attitude of stoical acceptance of the cancer illness combined with efforts to maintain self control over the illness. Poor coping includes a pattern of resignation, fatalism combined with a passive –avoiding attitude or blaming self or environment (Heim, Valach, & Schaffner, 1997). Under the above pretext a study was carried out among mastectomized women of Kerala to identify the psychosocial correlates of breast cancer. The study aims at understanding concerns related to mastectomy and explores the possibility of it being categorized according to psychological morbidity.

Method

Participants

Participants included patients who had undergone mastectomy and patients who were undergoing adjuvant therapies after mastectomy. In all thirty six patients were interviewed of which eight were undergoing radiation therapy and seven with chemotherapy and other eighteen patients have undergone mastectomy few days back and three patients have completed the adjuvant therapies. The age of the samples ranges from 35 to 65 years. Twenty seven of the patients were housewives, seven were laborers and two were retired from service. Except two widows and one unmarried women all the thirty three participants were married. Samples were collected from the oncology and surgery department of Amala Institute of Medical Sciences, Thrissur, Kerala.

Instrument

Unstructured interviews were conducted for data collection. Patients who were willing to cooperate were interviewed two to three days and each session extended for half to one hour. The contents of these interviews were reported in verbatim. The patients were asked about the reason for the arrival to the hospital and the experience they have while they undergoing treatment. The patients were also questioned about the problems faced by them and the way

they were treated by the family and society after the diagnosis of cancer and its treatment. The patients were also asked about how they are managing their current situation.

Responses of the patients were analyzed using content analysis method. The categories of coding procedures were formed as body image and psychosocial concerns, anxiety features and distress, depressive symptoms and coping strategies.

Results and Discussion

Contents of the interviews were studied in detail and there were certain salient findings which puts light to various aspects of the patients psychosocial functions. The main factors that were revealed during the interview were body image and psychosocial concern, Anxiety features and distress, depressive symptoms and Coping strategies. Percentage of people responded to all the above mentioned factors are given in the table 1. The percentage of people responded to contents of the main factors like Body image and psychosocial concern, Anxiety features and distress, are 100 and for Depressive symptoms and Coping strategies are 83 and 77 respectively.

Table 1

Number and percentage of patients response regarding Body image and psychosocial concern, Anxiety features and distress, Depressive symptoms and Coping strategies

Main Factors	Number of people responded	Percentage of people responded
Body image and Psychosocial concern	36	100
Coping strategies	36	100
Anxiety and distress	30	83
Depressive symptoms	28	77

Table 2 indicates the number and Percentage of patient's response regarding Body image and psychosocial concern. From the table it is evident that the major concern of the patients who are undergoing mastectomy and subsequent treatments were about their body image (89%).

Table 2

Number and percentage of patients response regarding Body image and psychosocial concern

Body image and Psychosocial concern	Number of people responded	Percentage of people responded
Concern toward body image	32	89
Visitor's attitude	26	72
Concern about the evaluation of illness by others	24	67
Vulnerable and fearful family members	24	67
Concealing patients emotions	24	67
concern about changes in external appearance	24	67
Worry about the future of children	20	56
Poor condition of other people	18	50
Partners attitude about changed body	10	28
Guilt regarding delayed consultation	8	22
Shameful to expose body parts	6	17
Partners chronic illness	4	11
Withholding information about complete breast removal	2	6
Worry about nurturing	1	3

There are so many other bio- psychosocial aspects which adds to psychological concern of mastectomized women. Patient feel more worried and tensed when family members are vulnerable, fearful. Sometime family members loss their control and cry in front of the patient. This is the most difficult aspect that has to be faced by the patient. Patients act brave enough to conceal their disgust in front of their family members and they even try to emotionally support their depressed partners and children. They think that if they express what they have in their mind, the family members could not withstand it.

Child bearing women are worried about how they will nurture their child during their infancy period if they have undergone mastectomy. Patient who are young and their children are not settled are concerned more about the future of their children and worry about what will happen to them if the patient die. Irresponsible, alcoholic husbands and financial insecurity also add their stress. In addition to that partner having chronic illness increases their concern.

Visitors who explain and discuss about the disease and poor conditions of other patients who have similar disease makes them more irritable and sad. This also becomes a frequent reminder for the patient about her disease. Patients sometime didn't want to discuss their problems with others. This is because they think that everybody look at them as a person with serious illness and sympathize with them. They are also distressed about how others evaluate her as a disease person. One of the patients says like this: "people like other people suffering. Some people also tell that she should suffer." family members of this patient also reported that she has threatened that she will commit suide if they declare it to other people outside her family.

Patients are also concerned about the shape of their body and how it will look when they dress after the surgery. Women using wares which expose their lost body part are more concerned about it. Partners attitude regarding their body shape also influence their body concern. Some of the patients were willing for a reconstruction surgery for their husband even if they do not consider it as necessary. Other changes in the external appearance after breast cancer treatment like hair loss, edema in the hand also makes the person less sociable. Patients avoid interacting with others and won't go for any social situations. They are more confined to home to avoid comments made by the society. Some patients even delay the consultation because they are ashamed to expose their body parts in front of others, especially as the doctors they used to consult are males.

One of the young ladies who have children also delays consultation to feed her baby understanding that if she shows it, doctors will suggest surgery. She gives more importance to nurturing the baby than her health. When the patient later find that delaying the consultation with doctors and denying others suggestion to consult doctors made their problem more worse they feel very guilty about the situation.

Table 3

Number and Percentage of patient's response regarding Anxiety features and distress

Anxiety and distress	Number of people responded	Percentage of people responded
Worry about recurrence of disease	18	50
Unfavourable condition of other people	14	39
Apprehension about surgical procedure	8	22
Undergoing adjuvant therapies	8	22
Reminders of surgery	6	17
Other chronic disease of patient	4	11
Traumatic memories	4	11

In Indian scenario, some of the relatives are not willing to share the information about the treatment strategy with the patient. Patients are only told that they have to undergo certain surgery to remove the lump in their breast. There are cases in which the patient is completely ignorant about the complete breast removal until they see the surgery part. This will create a great shock in the patient.

Recurrence of the disease is another major anxiety provoking distress in a breast cancer patient and it is very evident from the table 3. Some of the causal factors which make the person more anxious and distressed are the memories about the way the patient has been gone to Operation Theater and the procedures until anesthesia makes the patient uncomfortable. Reminders of surgery also evoke palpitation, dryness of mouth, excessive worry and uneasiness. Some patients are worried about whether they have to undergo the surgery for the remaining breast or to undergo further surgical procedures to the place where surgery has been already taken place. Hearing the unfavorable conditions of other patients who have undergone same treatment procedures makes the person more anxious.

Other chronic diseases along with this disease make the patient more concerned about their health. Patients who have undergone lumpectomy and then later mastectomy are more anxious that their disease has been completely cured or they are worried about the recurrence of the disease. Undergoing adjuvant therapies also some time makes the person much more distressed. Some of the patients reported anxiety features during radiation therapy when they have to lie down alone for a long time in the room. Side effects of chemotherapy also make the person tensed and tired.

Table 4

Number and Percentage of patient's response regarding Depressive symptoms

Depressive symptoms	Number of people responded	Percentage of people responded
Dependence on others	24	67
tiredness	20	56
Problems in vegetative functions	18	50
Depressed mood	12	33
Decreased interest in activities	12	33
Decrease in courage	10	28
Crying spells	10	28
Burden for family	8	22
Decreased interest in treatment	4	11

Table 4 gives a detailed description about the number and percentage of patient's response regarding Depressive symptoms. Dependence on others makes the person more depressive and it is reported by 67% patients. A very few members reported (11%) less interest in continuing treatment and frequently curse their fate.

"It would be better to die rather than undergoing treatment for cancer". This is the statement made by some patients. Some of the depressive aspects seen in certain patient's thoughts and behaviors are that the patient considers herself as a burden for her family members. After the diagnosis of the disease patients who were active become tired, depressed and not interested in doing any work. Thoughts that patient is more dependent on others also adds to depression. Patients complain that they are losing their courage. Crying spells are seen in patients. Patients also reported sleep and appetite problems.

Table 5

Number and Percentage of patient's response regarding coping strategies

Coping strategies	Number of people responded	Percentage of people responded
Family support-emotional	32	89
Turning to religion	30	83
hopefulness	20	56
Social support	20	56
Reassuring oneself	18	50
Devaluing ones disease	12	33
Providing emotional support to others	10	28
Family support- instrumental	10	28
Denial	10	28
Less importance to removed body part	8	22
Mental disengagement	8	22
Acceptance and active coping	6	17
Positive reinterpretation	4	11

Certain thoughts & behavior of the patient and certain responses from others are used by the patient to cope with their condition and this is depicted in table 5. Family support, especially the emotional support from the family members makes the person more courageous to face the existing situation. Some time the patient does not believe in what others are telling about the disease and deny the seriousness of the disease. Some patients start intensive pray to god to save her.

Giving less importance to the gone body part, devaluing ones disease (comparing one with others who are suffering more), giving comfort or reassurance to those who are suffering and engaging in certain activities without sitting idle are the other coping methods used by the patients. Thinking something positive in the adverse situation, for example, husband stopped drinking when the patient was diagnosed cancer is one of the strategy used by one of the patient to release the mental agony. She considers that for making her husband a non drinker God has given her this disease.

Considering oneself as courageous to face the problem helps them to reduce the trauma related to their current condition. Good support, reassurance, pleasing faces, comforting words from doctors and hospital staffs enhances relief in the patient. Satisfactory explanations given by the consulting doctors for the doubts asked also helps the patient more adjusting to the disease.

"Hopeful conversation" that is, there is a hope for betterment of present condition and the motivating talks from others that she can face the problem enhances the patient's courage. Reassuring one by thinking that the disease has been removed from the body by taking out the body part and hearing news of people who are living a normal life and their longevity after surgery gives the patient some hope in their life. Some patients mentally disengage from the disease. They do not think about their disease and themselves. They accept that they have that disease and they decided to face the consequences of the disease whenever there is a necessity, until then preventing themselves from ruminating over it.

This study correlates highly with a qualitative study on breast cancer survivors and found out that the prevailing concerns among all women included overall health, moderate physical concerns, cancer recurrence or metastases. Their psychosocial concerns are related to worry about children and burdening the family, body image and sexual health concerns. In

addition to this some other factors which are extracted from this study are the concern about family member's distress, partner's health status, patient's inability to express mental disgust, emotional and behavioral reactions of the society and the thoughts about other people's evaluation regarding the patient and her condition (Ashing-Giwa et al., 2004).

Patients vary in their reaction to their disease and the treatment process. Concerns regarding body shape also vary from person to person irrespective of their age. One of the patient aged 62 told that she is not affected by the lost body shape and give explanation that she can conceal it with her way of dressing. Another older lady explained that she doesn't feel anything when she looks at her body directly but when she see her body in the mirror she feels that one side of her body is cut down and feels sad about it. So concern about the lost body shape is unique to each individual. Further studies were needed to be conducted to understand the relationship between the dressing pattern and its effect on the mental distress after mastectomy. This also gives way to the importance of giving information regarding how the patient can use certain additional wares to compensate for the lost body part. So professionals should discuss about this with the patients especially in the Indian scenario where most people are not aware of these types of strategies which can be used. A patient who is coming from low socio economic status could not even think about a reconstruction therapy. So this type of options would be more beneficial for these patients.

Results of the present study show that psychological problems are prevalent in breast cancer patients. Anxiety and depressive symptoms were prevalent in most of the patients interviewed. Research suggests that the majority of patients experience some degree of depressive symptoms and approximately 50% meet criteria for a psychiatric diagnosis (i.e. adjustment, mood and/or Anxiety disorders) (Golden-Kreutz, & Andersen, 2004).

It is important to interview both the patients and their close relatives who are living with them, since during the initial interview; sometime patient will not give relevant information regarding their mental status. In this study it was found that relatives have given certain essential information like suicidal tendencies of patients and how they responded to the diseases and its initial interrogations. This always helps the therapist in further interview sessions to move on to deeper aspects of their mind and to explore the problems which they have yet to be discussed. Information regarding their family problems and other important stressors also can be understood from patients or relatives.

Enquiry about major stressors of the patient has another implication. It will help in understanding the patient's global perception of stress which in turn has an important influence on the presentation of depressive symptoms in the patient (Golden-Kreutz, & Andersen, 2004). As there is an increment of psychological distress due to past traumas and pre cancer psychiatric diagnosis (Green et al., 2000), information collected regarding these will be useful for a mental health professional in the intervention sessions for the betterment of patients well being and to give guidance for the relatives.

Different coping strategies regardless of their effectiveness are mentioned in the present study. But it is necessary to understand the efficacy of these coping methods in the overall adaptation made by the individual. There found a positive relationship between psychosocial adaptation and good coping strategies such as support and self control, and to a lesser degree, diverting and denial. Conversely poor coping such as resignation-fatalism, rumination, rebelling, self accusation, social withdrawal are negatively affecting almost all stages of illness and adjustment (Heim, Valach, & Schaffner, 1997).

Present study helps to focus attention of mental health professionals on different areas of concern of breast cancer patients and to take into consideration of these aspects while intervening with these patients. While observing certain earlier studies (Hughson, Cooper, F.,

McArdle, & Smith, 1986, 1987), it can be understood that one to two years after the diagnosis of cancer is a crucial period for psychological intervention. The psychological support given by the professionals have a great effect on the patients overall wellbeing. Report suggests that there is a considerable reduction in the psychiatric morbidity in patients receiving psychological support after the breast cancer surgery (McArdle et al., 1996)

Conclusion

It will be better to have a psychological evaluation and intervention from the initial stage onwards where the patient has been diagnosed as having breast cancer. It was also seen that all the patients cannot be considered as having clinically significant psychological problems. Some of the patients are well adjusted to the condition. So a detailed evaluation of patients is necessary to understand who all wants intense psychological intervention. Even then throughout the treatment procedures for breast cancer a psychologically supporting hand will provide a good help for the patient who is striving with new, uncomfortable aspects of the life.

Disease not only affects the patient but also affect the whole family system and its homeostasis. It is seen that how the patient adjust to the disease and treatment process depends on the way the family members respond to the patient. So a mental health professional should also be a good listener for the close relatives who are affected by the patient's condition. It will be beneficial to consider the family members also in the treatment strategy.

References

Adsett, C. A. (1963). Emotional reactions to disfigurement from cancer therapy, *Canad. Med. Ass. J, 89*, 385-391.

American Cancer Society. Breast Cancer Facts & Figures 2007-2008. Atlanta: American Cancer Society, Inc. 250 Williams St., Atlanta, GA 30303-1002. (404) 320-333.

Ashing-Giwa, K.T., Padillac, G., Tejeroa, J., Kraemerd, J., Wrighte, K., Coscarellif, …..,& Hillsh, D. (2004). Understanding the breast cancer experience of women: a qualitative study of African American, Asian American, Latina and Caucasian cancer survivors. *Psycho-Oncology, 13(6),* 408–428.

Carver, C. S., Pozo_Kaderman, C., Price, A. A., Noriega, V., Harris, S. D., Derhagopian, R. P., Robinson, D. S., & Moffat, F. L. (1998). Concern about aspects of body image and adjustment to early stage breast cancer. *Psychosomatic Medicine, 60*, 168-174.

Golden-Kreutz, D. M., & Andersen, B. L. (2004). Depressive symptoms after breast cancer surgery: relationships with global, cancer related, and life event stress. *Psycho-Oncology, 13(3)*, 211-220.

Green, B.L., Krupnick, J.L., Rowland, J. H., Epstein, S. A., Stockton, P., Spertus, I., & Stern, N. (2000). Trauma history as a predictor of psychologic symptoms in women with breast cancer. *Journal of Clinical Oncology 18(5)*, 1084-1093

Heim, E., Valach, L., & Schaffner, L. (1997). Coping and Psychosocial adaptation Longitudinal effects over time and stages in breast cancer. *Psychosomatic Medicine, 59*, 408-418.

Hughson, A. V. M., Cooper, A. F., McArdle, C. S., & Smith, D. C. (1986). Psychological impact of adjuvant chemotherapy in the first two years after mastectomy. *British Medical Journal, 293*, 1268-1271.

Hughson, A. V. M., Cooper, A. F., McArdle, C. S., & Smith, D. C. (1987). Psychosocial effects of radiotherapy after mastectomy. *British Medical Journal, 294*, 1515-1518.

Iwamitsu, Y., Shimoda, K., Abe, H., Tani, T., Okawa, M., & Bukk, R. (2005). Anxiety, emotional suppression, and psychological distress before and after breast cancer diagnosis. *Psychosomatics, 46*, 19–24.

McArdle, J. M. C., George, W. D., McArdle, C. S., Smith, D. C., Moodie, A. R., Hughson, A.V.M, & Murray, G. D. (1996). Psychological support for patients undergoing breast cancer surgery: a randomised study. *British Medical Journal 312,* 813-816.

Sanger, C. L., & Reznikoff, M. (1981). A comparison of the psychological effects of breast-saving procedures with the modified radical mastectomy. *Cancer 48*, 2341-2346.

Sutherland, A. M. (1957).The psychological impact of postoperative cancer. *Eleventh James Ewing Memorial Lecture, Bulletin of the NewYork Academy of Medicine. 33(6)*, 428-445.

Yurek, D., Farrar, W., & Andersen, B. L. (2000). Breast Cancer Surgery: Comparing Surgical Groups and Determining Individual Differences in Postoperative Sexuality and Body Change Stress**.** *J Consult Clin Psychol, 68(4),* 697–709.