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## **A Study on Psycho-social Burden of Women after Surgical Removal of Breast**

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**Abstract:** *Breast cancer, the second-leading cause of cancer deaths in women, is the disease women fear most. Breast cancer can also occur in men, but it's far less common. Along with the physical trauma the psychological and social burden of breast cancer is severe and medical treatment must be complimented by psychosocial intervention for better result. This is the study to explore the psycho social and physical burden of women affected by breast cancer.*

*The objective of the study is to explore the physical burden of women after surgical removal of the breast, to discover the psychological burden of the women after the removal of the breast and to explore the social burden of women after removal of breast. The methodology is qualitative with case study method.*

*The study result shows that most of the respondents had physical discomfort, pain, infection and allergic reactions and psychological trauma including depression, anxiety and shyness. They were also withdrawing from social functions and scared of the society. The study has the social work implications in the areas of social work interventions to assess and diagnose the psycho social burden and to provide help in managing them.*

**Key Words:** *Breast Cancer, Physical and Psycho Social Burden, Social Work Intervention.*

### **Introduction**

Breast cancer, the second-leading cause of cancer deaths in women, is the disease women fear most. Breast cancer can also occur in men, but it's far less common. Yet there's more reason for optimism than ever before. One in eight women will be diagnosed with breast cancer in their lifetime. Hundreds of thousands of women each year are affected in countries at all levels of modernization.

### **Cause of Breast Cancer**

Gender, Age, Genetic risk factors, Family history, Personal history of breast cancer, Race/ ethnic background, Dense breast tissue, Certain benign breast problems, menstrual periods, Breast radiation early in life, Not having children or having them later in life, Certain kinds of birth control, Using hormone therapy after menopause, No breastfeeding, Alcohol, and overweight, Tobacco and smoke are some of the causative factors.

### **Symptoms of Breast Cancer**

A lump in a breast, a pain in the breast, redness of the skin of the breast like the skin in the orange, a rash around one of the nipples, swelling in one of the armpits, an area of thicker tissue in a breast, one of the nipples may have a discharge and sometimes it may contain blood, a change in the appearance of nipple and may become sunken, a change in the size or the shape of the breast, the nipple-skin or breast-skin may have started to peel or scale.

### **The Methods of Breast Cancer Diagnosis**

Screening, ultrasound, Magnetic Resonance Imaging (MRI) scan, biopsy, blood tests are often used to determine if the cancer has spread outside the breast and additional tests may be used to determine different stages.

### **Treatment for Breast Cancer**

The Surgery, Radiation therapy, Biological therapy, Hormone therapy and Chemotherapy are the different treatments available for the breast cancer.

### **Problems after the Removal of breast**

After breast surgery many women face some common problems like grief, fear, shock, and anger. But some women have satisfaction because of the removal of the cancer tumor from the breast. People react very differently to surgery. Women need time to overcome from the changes or loss of the breast. Breast cancer surgery can leave them physically, psychologically, and socially drained. After the removal of the breast most of the women face psychosocial burdens. This includes physical problems, body image disruption, sexual problems, economical problems, psychological problems and social problems..

### **Physical Problems**

This includes fear of recurrence, Physical symptoms such as fatigue, trouble sleeping, pain, and allergy or infections. Almost half of the women who have breast cancer surgery still have pain or numbness even after two to three years says a new study. Women younger than 40 who receive lumpectomies are at the greatest risk (Denise Mann, 2009)

### **Body Image Disruption**

Body image disruptions are inferiority, guilt, and shyness.

### **Sexual Problems**

Sexual problems include decreasing sexual interest, partner avoiding to do sexual activities etc. Sexual functioning is particularly vulnerable. Body image concerns and concerns about a partner's reactions represent psychosocial vulnerabilities, especially when there has been disfiguring surgery, as in the case of breast cancer (Spencer 1999). Breast-conserving techniques, such as lumpectomy, lead to moderately better psychological, marital, sexual and social adjustment than the more extensive mastectomy surgery (Moyer, 1997).

### **Treatment Related Anxieties**

After the removal of the breast they should continue further treatment such as Chemotherapy, Radiation and other treatments which increase the patient anxieties.

### **Familial Problems**

After the removal of breast the patient may face many problems from their own family such as partner miscommunication, vulnerability from the family members, children's miscommunication and economical burden are the common problems after the surgery. The breast cancer is impacted on patients and husbands (Northouse,1989).

### **Psychological Problems**

After breast surgery many women have intense feelings including grief, fear, shock, anger and resentment. And emotional imbalance includes extreme mood swings (suddenly tearful, over sensitive), loss of interest in daily activities, depression, and difficulty to concentrate. The social support literature has demonstrated that interpersonal relationships play an important role in adaptation to serious illness, and partner relationship may be damaged due to breast cancer.

## **Review of Literature**

### **Quality of Life after Breast Cancer Surgery With or Without Reconstruction**

There is a wide and multidimensional definition for Quality of life, which relies heavily on patients' sex, age, ethnicity, and religious beliefs. It encompasses personal tastes, hobbies, experiences, perceptions, attitudes, and beliefs, all of which can be divided into 4 primary categories, physical and occupational, psychosocial, social, and somatic (Eplasty. 2009).

### **Methods to Improve Rehabilitation of Patients Following Breast Cancer Surgery**

The current rehabilitation methods tend to focus narrowly on performance components (particularly on physical impairments or dysfunctions). The review found evidence that exercise rehabilitation methods improve physical outcome post operation, although, inconclusive results exist on rehabilitation methods to improve the non-physical sequel such as psychosocial, cognitive, occupational, and broader lifestyle performance factors. Clearly missing are the rehabilitation methods to enable survivors to redesign their lifestyle in tandem with living along with a breast cancer condition that is taking a form of chronic disease. This calls for health prevention and illness prevention lifestyle strategies to i) control cancer recurrence and ii) to promote better QoL during the indefinite period of survivorship. With the overwhelming strong evidence that cancer risk is affected by lifestyle, future studies with higher methodological rigor should be conducted on health promotion strategies to enable healthy lifestyle (Loh et al, 2015).

### **Breast Surgery and Physical Problems**

#### **Pain**

In general, women are most likely to have pain or a loss of sensation in the breast region, followed by the armpit, the arm, and their sides. However, 40 percent of women with lingering symptoms have pain in parts of the body not affected by treatment, according to a report in the Journal of the American Medical Association (Mann, 2009).

### **Breast Cancer and Experiences of Social Support**

This paper explores the experience of social support as it evolves in women's relationships with others. Social support contains emotional, practical and

informative dimensions. Here relationships are called interactions. Interaction can be divided into two groups. Interactions with close relatives and others the women know and have contact with or interactions with organizations and institution staff. These interactions consist of social support and lack of social support. Health professionals can assist women and their families in this life-threatening situation, by increasing their awareness of social support issues. (Landmark, R.N et al, (2002),

### **Methodology**

The methodology is qualitative with case study method. The objective of the study is to explore the physical burden of women after surgical removal of the breast, to discover the psychological burden of the women after the removal of the breast and to explore the social burden of women after removal of breast.

The universe of the present study consists of the Breast Cancer women belonging to the age group of 20 to 60 from Karnataka getting treatment in Father Muller hospital, Mangalore.

Two major cases are given to explain the objectives of the study.

### **Case 1**

Rathnavathi (mock name) a 56 years old widowed woman, was born in a poor family. Her husband expired 10 years ago as a result of heart attack. She completed primary education. It was because of poverty she didn't continue the education. She belongs to Gowda caste and is a Hindu. She has two children, daughter is 17 year old, now she has completed PUC and the other one is 15 years old boy who completed his 9<sup>th</sup> standard.

One day while bathing she found a glade in her right side breast and the very next day as per the advice of her sister she consulted a doctor. They referred her to an oncologist in Father Muller hospital and she was diagnosed with breast cancer 3<sup>rd</sup> stage. So immediately they told her to remove the breast. In the beginning she had refused to get the breast removed but after the advice by doctor she agreed to undergo the surgery. Her right breast was surgically removed in the year 2015.

At present she is under the radiation treatment. After the surgery she is facing economic and physical burden because of that she is now staying in her cousin's house, along with cousins and their family.

After the surgery she was uncomfortable while wearing dress. In the beginning she had too much pain and discomfort and she found it difficult to do the physical work so she stayed in her cousin's house. She felt very guilty, and discomfort after the surgery. After removing breast she had a feeling of sadness. After the surgery she didn't attend any family or social function because of shyness and a feeling of hesitation. Her family members force her to participate in functions but she avoids the same. Her children and family members are very supportive and they give love and care. They do not allow her to do any work. She is happy with her family members.

## **Case 2**

D.H Gangamma 51 years old married woman. She was economically well off. Her husband was an agriculturist and this couple has no issues. She had completed High school and currently working in Anganavadi as a teacher. She belongs to Gowda caste in Hindu community.

As she had breast cancer 3<sup>rd</sup> stage, her left side breast was surgically removed in the month of August 2015. Then she was under radiation treatment in Father Muller Hospital Kankanady, Mangalore. Thereafter for a few days she stayed in her sister's home because of physical dependency. After the surgery some part of breast remaining under the arms was irritating her much and because of this she could not sleep properly. After the surgery she had more pain as well as discharge of liquid content from surgical part, was indentified made her feel depressed. And after the surgery she had feelings of discomfort while wearing dress because the odd look of one breast. There is no incident of allergy. According to her, psychologically there is no problem after the removal of breast but surrounding people who ask about her illness makes her psychologically upset.

Socially she was hesitant to participate in social and family functions. Sometimes she feels sad but, by spending time in Anganavadi she managed her sad feelings. Her husband and two sisters were very supportive and they motivated her to participate in social functions. According to her, husband's family members were not giving sufficient care. Even after the surgical removal of the breast she had good sexual relationship with her husband.

## **Major Findings**

### **Physical Burden**

Most of the respondents had uncomfortable feelings in their regular dress code after removal of the breast.

Majority of the respondents had too much pain.

Most of them were physically dependant upon others.

Few of respondents suffered from infections/allergy.

### **Psychological Burden**

After the removal of the breast most of them felt very sad

Most of the respondents had depression, anxiety, loneliness, and hesitations.

Majority of the respondents had sadness after the removal of the breast.

### **Social Burden**

Most of the respondents had hesitation and shyness to participate in the social functions after the removal of the breast.

Most of the respondents' families were supportive, very few respondents' families were not supportive to the respondent.

Very few respondents got criticism like they talk from behind and some ask directly about the breast surgery.

### **Suggestions for Future Research and Practice Activities**

1. To provide counseling for women after the removal of breast and to their family members for the purpose of reducing psychosocial burden of breast cancer patients.
2. The social worker should give psycho-social education to breast cancer patients immediately after the surgical removal of breast.

### **Social Work Implication**

The study on the psycho social burden of women after the surgical removal of breast opens new awareness for social work profession. Being chronic illness, long time care is needed for the breast cancer patients. All the primary and secondary method of social work should be used in various settings in the community to reach out of this special category. More study about the condition of the patients, possible psycho-social intervention including community based rehabilitation is a matter of grave concern. The role of NGO, social worker educator and researcher should focus on this specialized sector. There is also employment opportunity for social workers related to this field.

## **Conclusion**

The researcher concluded from this study that, the women were facing a lot of problems after the surgical removal of breast. There was physical Psychological and Social burden present among the respondents. The role of social worker is very important after the surgical removal of breast. Motivation, psycho-social education and also the role of family and friends are important. They are expected to give sufficient love and care which can help to cope their psycho-social burden. They should treat them as human beings. Education and awareness about breast cancer is definitely helpful to women to recognize the cancer tumor in breast and by this, early treatment is possible. Early treatment means removal of tumor in the breast and not the entire breast.

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