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## Staring at My Body

### The Experience of Body Reconstruction in Breast Cancer Long-term Survivors

#### KEY WORDS

Body image

Breast cancer

Objectification

Qualitative research

Recovery

Self-identity

**Background:** Breast cancer takes time for its survivors after a mastectomy to adjust to their changed bodies. There are limited studies about the process of how those survivors accept the changes of their bodies and how they reestablish their new selves. **Objective:** The aim of this study was to understand the perception of body from women diagnosed with breast cancer more than 5 years previously and whose treatment included a mastectomy. **Methods:** A phenomenological method was applied to this study. Women who received a mastectomy at least 5 years previously were invited to participate. Eight participants were recruited from southern Taiwan. **Results:** Twenty transcripts were obtained and analyzed using Colaizzi's method. Three themes were obtained from the data analysis: "restoration of the body image," "abandonment of objectification," and "redefinition of self." Subthemes were also identified and described. **Conclusion:** The results indicate that women with breast cancer have embodied the recovering experience to a new self and have adapted to identify their new bodies. They overcome being a female body with an absent breast(s) by discovering the value of their existence and being free from self-objectification. **Implications for Practice:** This study contributes to the understanding of the perception of body in long-term breast cancer survivors, which reflects the process of adjusting to the loss of a breast/breasts to reconstructing a new body experience. Health professionals could help and encourage women undergoing a mastectomy to engage in self-recovery by searching for and affirming self-value.

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In Taiwan, breast cancer is the most prevalent female cancer. Eighty-six percent of the women with a diagnosis of breast cancer are expected to survive after their mastectomy.<sup>1</sup> The rapid development and advancement of breast cancer treatments have made this cancer more manageable.<sup>2</sup> Breast cancer is increasingly recognized as a chronic illness. The balance for survivors is between being a cancer patient and being a normal individual. While establishing their new balance, they can suffer distress.<sup>3,4</sup> While making efforts to continue their social roles and functions, they also need to adjust to their changed body following the loss of 1 or both breasts.

A mastectomy is the most common treatment for breast cancer. The mastectomy helps women eliminate cancer cells, but the surgery alters their body integrity and can include dissatisfaction with their bodies.<sup>4,5</sup> Breasts, which are connected to the female identity, symbolize aspects of womanhood, such as femininity, beauty, sexual desirability, and the ability to nurture others.<sup>6,7</sup> Identity becomes a complex issue for many breast cancer survivors.

Feminists advocate that the body experiences of women are constructed by societies. That is, societies typically objectify women and evaluate their bodies according to the sociocultural norms.<sup>8</sup> Women internalize their sociocultural norms during their growth processes, which influence the way they view their body's appearance and shape their self-identity as well.<sup>8,9</sup> Breasts are the vitally obvious and objectified parts in women's bodies because breasts represent the symbol of women's bodies.<sup>10</sup> Women who have higher self-objectified body consciousness tend to monitor and evaluate their body appearance, and this can be related to poor quality of life.<sup>11,12</sup> Moreover, women with higher objectified body consciousness levels report a more negative body image and depression.<sup>13</sup> Self-objectification of the body affected the psychosocial well-being of these women with breast cancer.<sup>14</sup>

Body image refers to an individual's subjective perceptions of his/her body experience.<sup>15</sup> The image is developed from childhood to adulthood and across a lifetime.<sup>3</sup> Slatman<sup>16</sup> stated that body image is not only an individual's perception of his/her physical appearance and biological intactness but also his/her perceived agent of competence and functional intactness. Therefore, body image involves the valuation of the physical, psychological, and social domains of the embodiment of human life aspects and is a form of self-identity.

Women with a mastectomy may experience a body deformation (ie, loss of their body symmetry),<sup>5</sup> compromised sexual relationships (ie, feelings of sexual unattractiveness, loss of femininity),<sup>4,17–19</sup> and feelings of insecurity (ie, their disfigurement).<sup>5,20</sup> Those discomforts corrupt women's body image, which leads to negative emotion, thought, and poor quality of life.<sup>21,22</sup>

The removal of a breast or breasts is traumatic for women. Although physical pain will decrease, and the physical wound will heal over time, the corrosive body image may persist for life.<sup>23,24</sup> Because it takes a long time for the formation of a person's body image to develop, a person also needs a long time to accept his/her new body. Currently, studies focus on 1- to 2-year follow-up periods after mastectomy. Few studies have investigated the construction process of the new body from breast cancer survivors who had undergone mastectomy for 5 years or longer. This study

aimed to understand the perception of body from women with breast cancer treated more than 5 years ago. By understanding these women's body experience, healthcare professionals can help women adapt to their revolutionized life.

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## ■ Methods

### Philosophical Framework

Husserl advocated that phenomenology should eschew all suppositions and focus on consciousness, according to individual experience.<sup>25</sup> A phenomenological inquiry can be used to explicate the structure or essence of experience to discover meaning.<sup>26</sup> A phenomenological approach was applied in this qualitative study to determine the essence of the body experience of women with breast cancer who underwent a mastectomy more than 5 years previously.

### Participants

All participants were recruited from a medical center in southern Taiwan. Only women who received a diagnosis of breast cancer and underwent a mastectomy at least 5 years ago were invited into the study. This study was approved by the institutional review board, and informed consent was obtained. First phone calls were made to ask for their participation. If they accepted, follow-up phone calls were made to these participants for scheduling the interview appointments.

### Data Collection

Each woman engaged in 2 to 3 interviews, each lasting 90 to 120 minutes. Interviews were conducted in a location convenient and comfortable for the participants. All interviews were tape recorded. After completing a demographic questionnaire, the interviews were then conducted by a trained research nurse using open-ended questions. The participants were asked 3 probing questions: "Could you tell me about how you learned that you had breast cancer?" "What has your experience been since your mastectomy?" "Could you describe your thoughts and feelings about your body?" Follow-up questions related to the impact on life and body were posed, and the process of overcoming the changes in the body was inspected in order to obtain a detailed description. Field notes were written during the interviews to enable the researcher to summarize and bracket personal and theoretical assumptions and to reflect on the women's perception. All interviews were transcribed verbatim into Chinese.

### Data Analysis

Transcripts were analyzed by the phenomenological method of Colaizzi, which is a method for understanding information and constructing meanings.<sup>27</sup> The steps of Colaizzi's method include reading and rereading the data, noting initial ideas, generating initial codes, and searching for themes. Themes were then reviewed, defined, and named.<sup>27</sup> Themes common to all interviews

were summarized and organized within a matrix in order to facilitate identifying data saturation.

Rigor

Four approaches including credibility, dependability, confirmability, and transferability were applied to maintain the rigor of study.<sup>28</sup> To keep credibility, the participants were asked to recognize whether the interpretations and themes fit their situation. In terms of dependability, the interviewer did a reflection after conducting every interview. The reflection included what the interviewer had seen or heard and with the participants and interview settings. To achieve transferability, all authors engaged in a reflective dialogue to confirm the women’s body and self-experience within the cultural contexture.

Results

A total of 8 women participated in the study, and 20 transcripts for analysis resulted. The 8 women were married or living with a partner (Table); none underwent breast reconstruction. Three themes were extracted from the transcript analyses: “restoration of the body image,” “abandonment of objectification,” and “redefinition of self.” The 3 themes reflect the long-term body perception of women after a mastectomy. Seven subthemes were derived from the 3 themes.

Restoration of the Body Image

Mastectomy changes the way women perceive their body and provokes a sense of loss of control over their body, as well as self-identity. Many women choose to restore their altered body via justifying their appearance after the operation and returning to a regular life, seeking to regain control over their body and self-identity.

NORMALIZING APPEARANCE

Women who underwent a mastectomy perceived their body as disfigured, and they felt insecure because their appearance was different from that of others. Hence, they attempted to create a natural appearance to disguise their body change while in public and to avoid social judgment.

I protect myself and make my appearance look normal. I don’t want people to think my breasts are different. (A-1)

Breasts play an important role in establishing the awareness and identity of being female. It is important to make the deformed breast(s) look “normal.” To achieve this state, they wore various clothes to conceal the absence of their breasts.

Because I lost my left breast, I had to solve this problem. I have tried many ways. I think underwear is a big problem. I spent lots of time choosing appropriate bras, and finally I overcame this problem step by step. (A-3)

Traditionally, breasts and feminine features are strongly linked. Without breasts, women feared the stigmatization of being considered unfeminine. They tried to avoid any social activities.

My classmates wanted to visit me, but I said, “No, I’ll be fine by myself. If I need your help, I will tell you. Just come when I am better. (A-1)

RETURNING TO A NORMAL LIFE

Returning to a normal life after the mastectomy is a strategy of restoration. The damage to self-identity caused by the surgery is the source of the disruption for the women in recognizing their female roles. Maintaining their familiar daily activities is useful for them to restore their loss of self.


I was walking around the day after the surgery. While the chemotherapy was completed, I cooked for my children the next day. I felt as if nothing changed. (C-2)

To prove they remained unchanged before and after the disease, the women made their family life functioned as usual and avoided troubling their family members with her illness.

I didn’t act like a patient, who required constant care from others. I just lived the way I had used to. Life either before or after the surgery was totally the same. (B-1)

Abandonment of Objectification

The second theme, abandonment of objectification, refers to the reduction of both the persistent inspection and evaluation of the body appearance. Women no longer viewed themselves from an observer’s perspective, but rather they embodied the idea that health is a core value of the body. This approach enabled an


**Table • Participant Demographic Characteristics (N=8)**

Participant	Age, y	Education	Employed	Relationship Status	No. of Children	Type of Mastectomy	Years After Diagnosis	Treatment (Current)
A	45	Junior college	Yes	Unmarried cohabitation	0	Modified radical	8	None
B	52	High school	Retired	Married	2	Partial	6	Hormone therapy
C	55	High school	Housewife	Married	4	Modified radical	9	None
D	57	University	Yes	Married	2	Total simple	7	None
E	54	High school	Yes	Married	2	Total simple	11	None
F	59	High school	Yes	Married	3	Modified radical	9	None
G	49	High school	Yes	Married	2	Modified radical	7	None
H	41	High school	Housewife	Married	1	Modified radical	7	None

appreciation of the body and allowed the integration of the loss of breast/breasts into their self-concept, thus allowing a new value of their body and freedom from objectification.

## EMBODYING MY BODY

Under the threat of deprived health, the women were compelled to think about the meaning of the current situation. With the option of either life or breast, they chose life instead of breast—the symbol of women.

Which one is more important, a breast or my life? The answer goes to life for sure. How could appearance be more important? (C-2)

The concept of embodying is that health is a core value of the body, which enabled the women to attribute less value to the aesthetic aspects of their body. On the other hand, the women took more responsibility for their own bodies and health.

After having the disease, I am very concerned about health.... I told everyone that exercise is important for our body... exercise makes our body become more active and improves our mood.” (G-1)

With aging, women give less attention to their body appearance. Physical appearance is not the prime objective of their identity.

I am not in pursuit of being a fashionable woman. I do not need to dress in sexy clothes for others. I am an old lady [aged 55 years]. (C-2)

## RECONSTRUCTING A NEW BODY

After the women experienced body deconstruction, they began to reconstruct their new body. To do so, they had to incorporate the fact of absent breasts into their sense of self and reflect on the nature of femininity.

You are a woman, and I am a woman, too. It's okay for me to go outside without wearing a bra. I just lost a very small part of my body, but I still can do what other women do. I have a beautiful face, and my smile is beautiful too. (C-3)

Women tried to display their sensibilities and passions to their new body. They defended their body's dignity.

I'm slender enough to wear beautiful clothes. Why do I need to dress in loose clothes? If I wear loose clothes, I think I'm looking down on myself too much, right? I'm so skinny. Why can't I wear a short skirt, well-fitted top, and boots? I'm still confident in my own body. (A-1)

To build up a new self, women incorporated the fact of breast cancer into their self-schema.

I don't care much about it (mastectomy). I'm not afraid of telling other people about it. My willingness to talk about it means that I no longer care much about it. I had to let it go and accepted it by speaking out (F1).

I have let it go, and I don't view myself as a patient, either. The only fact that makes me feel that I am a patient is the semiannual follow-up visit. (H2)

## Redefinition of Self

The breasts are closely connected with femininity and are related to women's sense of self-worth. Despite the facts that they lost a breast/breasts, the women intended to show their career achievements and competence as a caregiver in their family. Therefore, they sought to reestablish their sense of self-worth. In addition, support from their partners, religion, and other women relieved their distress. Through the traumatic event, they discovered the positive meaning in life, which provided them with power to regenerate their life.

## SELF-DISCLOSURE

Women were concerned about being attractive. Women who lose a breast/breasts may consider their femininity sexually unattractive, which can lead to challenges in intimacy and marital relations. Consequently, they disclose themselves to their partners in order to determine whether their partners accept them without a breast/breasts. With their partners' acceptance, the women reported feeling supported, understood, and loved.

I couldn't demand that my husband stay with me. I told him, "If you dislike me, you can leave me." But he said, "I will stay with you" ...It was important to have family support. (C-2)

Self-disclosure acts as a strategy to face the changed body—a new life. At the process of self-disclosure, women release their inner uncertainty. By telling their partners how they feel about their absent breasts, they release their negative emotions and worries about their intimacy.

I couldn't accept my incomplete body. I asked him, "I'm ugly, right? Do you think that I'm a very odd woman?" Because things happened, you need to talk about this [an incomplete body] with your partner. (A-3)

## EMPHASIZING PRODUCTIVE ROLES

To increase the level of self-worth, it is vital to reduce negative self-perceptions, but at the same time to increase women's role performance, including in work, family, or community.

I work hard every day. I obtain achievements from my job. I have no time to think about my body appearance. (D-1)

The women shifted their attention from the sadness of losing a breast/breasts to the responsibility of caring for their family, thus enabling their body appearance to be relatively ignored.

In contrast to the loss of a breast, there are much more critical things that I need to manage. The main concern is the responsibility for my children and family. I need to do my best to take care of them. I have no time to focus on the loss of a breast. (B-2)

## INFUSION OF ENERGY AND SELF-GROWTH

The support from family, religion, and other women helped these women to deal with the hardships caused by their breast cancer.

I made a new friend when undergoing radiation therapy. We had surgery at the same time. We now are good friends and encourage each other. (B-2)

I could rely on the power of God to keep going in the future. (F-1)

My family encouraged and supported me, giving me courage against this plight. (H-2)

Although the removal of a breast/breasts can be traumatic for women, through the painful experience they start to love themselves and find a positive living attitude.

Now, I treat myself nicely. Why treat myself harshly? I'm living in the right moment. (E-1)

I was grateful to the disease, or I couldn't understand why my husband and family treated me so good.... I was more optimistic... and every moment I spent with my family was a moment I treasured. I changed myself, such as learning to play the flute... not relying on my husband.... I lived more confidently and also more happily. (H-2)

The women reflected and searched for new meaning of life after their health threat.

God's love for me was so great that I could survive to continue helping and serving others. (G-2)

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## ■ Discussion

This study investigated the body perception of the breast cancer survivors with mastectomy. The 3 themes, "restoration of the body image," "abandonment of objectification," and "redefinition of self," are gained from the data analysis and reveal the process of acceptance regarding a new body.

### Restoration of the Body Image

These women made efforts to normalize their appearance and life so as to enable them to identify their new selves. They wore modified clothes to maintain a typical image of females. For women in Taiwan, maintaining a typical body image can be recognized by their society and can let women feel secure and avoid being treated in unusual ways. This result is similar to that of previous studies conducted in Australia and America.<sup>29,30</sup> At the early stage of the recovery, based on the expectation of societies, these women endeavored to make themselves look normal and also tried to return to their normal life so as to adjust to their changed bodies.

The results reveal that the restoration of appearance buffers Taiwanese women's psychosocial and emotional distress. They use clothing to adjust their emotional distress. This result is consistent with the findings of previous studies.<sup>5,19,20</sup> Western women undergoing a mastectomy use modified clothes to change their body image, as well as to adjust their negative emotions. Removing breasts may result in the temporary loss of self. Through returning to a regular life, women cope with their loss of selves. They carry out their daily activities as usual in order to maintain their social functions and female roles.

## Abandonment of Objectification

Social cultures have constructed the stereotype of the female body, and societies typically believe that women need a beautiful appearance.<sup>8</sup> Such social expectations make women constantly evaluate their appearance in order to fit social norms. The women in this study do not pay as much attention to their appearance as before. This is because under the threats of their disease they change the way they inspect their bodies. They cherish their bodies more and assume more responsibilities for their health. Eventually, a new positive awareness of their bodies was created. Hefferon et al<sup>31</sup> state thriving from illness can create a new awareness and a greater importance of the body. Furthermore, the women in this study no longer judged their self-value via appearance. On the contrary, they searched for their self-value through emphasizing family duties, work achievements, and society services, which not only reduced their negative self-perception but also increased their self-value. Consequently, they were free from self-objectification.

This study found that aging can be positive to eliminating the objectification of women. Female bodies affected by societies and traditional cultures place women in a disadvantaged situation.<sup>8</sup> However, with aging, women become increasingly able to relinquish the internalized observer's perspective of their bodies. This can result in lower self-objectification, reduced body monitoring, and less appearance anxiety.<sup>32</sup>

## Redefinition of Self

The women in this study internalized the fact of absent breast(s) into their self-concept over time. This finding is consistent with that of the study by Kurowecki and Fergus.<sup>17</sup> They stated that it was essential to try to accept their disfigured bodies as an in-road to regaining their self-esteem. Although the loss of a breast was painful for these women, they experienced renewed self-awareness and discovered their ability had been growing through this process. This result is consistent with those of previous studies.<sup>4,20,33</sup> Piot-Ziegler et al<sup>5</sup> indicated that women with breast cancer have to find a new way of existing as a female. The women in this study pursue the meaning of life and discover the value of their existence so that a new feminine image is constructed. In other words, they are able to accept their new self, which is not built up with the expectation of the social and cultural norms. In the end, by transcending the sufferings caused by the changed body image, they are no longer their original selves; they have accepted and transformed into new selves.

## Limitations

The representativeness of participants may be a limitation in the study secondary to the small sample size. The other reason for those who do not participate perhaps is maybe they need more time to reintegrate themselves. Despite this limitation, the findings of this study did contribute to the understanding on the body experiences of women many years after a mastectomy.

## ■ Implications for Practice and Conclusion

In conclusion, this research investigates the body experiences of women with breast cancer many years after a mastectomy. Women with breast cancer have embodied the recovering experience to a new self and have adapted to identify their “new bodies.” The women are reborn from their disfigured body and redefine themselves within the new body. Via productive roles, the women in this study overcame the painful feeling of losing a breast/breasts to discover their new self-value. Future studies may investigate the influence of productive roles on recovery of body image. Abandoning objectification is a procedure to establish a new self. Although abandoning objectification is a decision made by women themselves, their partners may contribute to this. Further study is suggested to investigate the influence of partners’ support on women’s objectification.

By applying the narrative recovery story told by women who recovered from breast cancer to those who are suffering from the disease, healthcare professionals can encourage those women to disclose their feeling toward body to their partners and family. The process of the disclosure may empower them to create their own self-values in order to reconstruct their new bodies.

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