



IMPACT OF BREAST CANCER AND MASTECTOMY IN FEMALE SEXUALITY

IMPACTO DO CÂNCER DE MAMA E DA MASTECTOMIA NA SEXUALIDADE FEMININA

IMPACTO DEL CÁNCER DE MAMA Y MASTECTOMÍA EN LA SEXUALIDAD FEMENINA

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ABSTRACT

Objective: to estimate the impact of breast cancer and mastectomy on female sexuality. **Method:** descriptive, exploratory study, of qualitative approach, performed with 12 mastectomized women. For the data processing, the software IRAMUTEQ (*Interface de R pour l'Analyse Multidimensionnelle de Textes et de Questionnaires*) was used. For the data analysis, we used the Descending Hierarchical Classification (DHC). **Results:** five main classes were identified: Alterations in femininity versus the impact of breast removal; Female experience in coping with cancer and mastectomy; Feelings experienced with the discovery of cancer; Mastectomy and female sexuality and Meanings of breast cancer and mastectomy. After the mastectomy, women presented limitations and difficulties in situations such as body exposure and social adjustment to perform their daily activities. **Conclusion:** there were many situations and alterations caused by cancer and mastectomy in women's lives, mainly in relation to their sexuality, femininity and body image. **Descriptors:** Mastectomy; Sexuality; Women; Self Image; Perception.

RESUMO

Objetivo: estimar o impacto do câncer de mama e da mastectomia na sexualidade feminina. **Método:** estudo descritivo, exploratório, de abordagem qualitativa, realizado com 12 mulheres mastectomizadas. Para o processamento dos dados, utilizou-se o software IRAMUTEQ (*Interface de R pour l'Analyse Multidimensionnelle de Textes et de Questionnaires*). Para a análise dos dados, utilizou-se a Classificação Hierárquica Descendente (CHD). **Resultados:** identificaram-se cinco principais classes: Alterações na feminilidade frente ao impacto de retirada da mama; Vivência feminina no enfrentamento do câncer e da mastectomia; Sentimentos vivenciados com a descoberta do câncer; A mastectomia e a sexualidade feminina e Significados do câncer de mama e da mastectomia. Após a mastectomia, a mulher apresentou limitações e dificuldades em situações como a exposição do corpo e ajuste social para realização de suas atividades diárias. **Conclusão:** percebeu-se inúmeras situações e alterações provocados pelo câncer e pela mastectomia na vida da mulher, principalmente em relação a sua sexualidade, feminilidade e imagem corporal. **Descritores:** Mastectomia; Sexualidade; Mulheres; Autoimagem; Percepção.

RESUMEN

Objetivo: estimar el impacto del cáncer de mama y de la mastectomía en la sexualidad femenina. **Método:** estudio descriptivo, exploratorio, de abordaje cualitativo, realizado con 12 mujeres mastectomizadas. Para el procesamiento de los datos, se utilizó el software IRAMUTEQ (*Interfaz de R para los Analyses Multidimensionnelles de Textes et de Questionnaires*). Para el análisis de los datos, se utilizó la clasificación jerárquica descendente (CHD). **Resultados:** se identificaron cinco principales clases: Alteraciones en la feminidad frente al impacto de retirada de la mama; Vivencia femenina en el enfrentamiento del cáncer y de la mastectomía; Sentimientos experimentados con el descubrimiento del cáncer; La mastectomía y la sexualidad femenina y Significados del cáncer de mama y de la mastectomía. Después de la mastectomía, la mujer presentó limitaciones y dificultades en situaciones como la exposición del cuerpo y ajuste social para la realización de sus actividades diarias. **Conclusión:** se percibió innumerables situaciones y alteraciones provocadas por el cáncer y la mastectomía en la vida de la mujer, principalmente en relación a su sexualidad, feminidad e imagen corporal. **Descriptor:** Mastectomía; Sexualidad; Mujeres; Autoimagen; Percepción.

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INTRODUÇÃO

Breast cancer is one of the diseases that occurs due to the abnormal development of breast cells, being the most feared cancer by women due to its high frequency and, above all, its psychological effects that affect the perception of sexuality and self-image. It is a disease that has a cure if discovered early on.¹

According to the National Cancer Institute (INCA), cancer estimates in Brazil, valid for 2014 and 2015, predict 57,120 new cases of breast cancer, with an estimated risk of 52 cases per 100,000 women every year.²

Receiving the diagnosis of breast cancer is devastating news that causes a strong impact on the lives of women and their families who are flooded with emotion such as suffering, anger, anguish and anxiety, as well as impairments in functional, vocational and social skills. Thus, at the moment of receiving the news, it is common to notice a state of estrangement, in which there is difficulty of accepting to be ill. Women with breast cancer experience physical and psychological pain experiences during different stages of the disease. The impact of cancer on a person's life is enormous because, in addition to the pain and discomfort resulting from the disease and its treatment, there are changes of psychic, social and economic order.³

After confirmation of the diagnosis of breast cancer, many women experience a moment of immense anguish, suffering and anxiety, mainly because it is a stigmatizing disease in our society. In addition, during the treatment, they experience physical and financial losses and adverse symptoms, such as loss of feeling, depression, impaired self-image with decreased self-esteem, fear of death and sexual libido and constant adaptations to physical, psychological, family, social and emotional changes.⁴

Breast cancer treatment, according to the National Policy for Cancer Prevention and Control, should be done through the High Complexity Oncology Care Units (Unacon) and the High Complexity Oncology Care Centers (Cacon), which are part of tertiary-level hospitals. This level of care must be capable of performing the differential and definitive diagnosis of cancer to determine its extent (staging), treatment (surgery, radiotherapy, clinical oncology and palliative care), monitoring and to ensure the quality of cancer care.⁵

Studies have evaluated the impact of diagnosis and especially treatment, since the woman experiences the perspective of an

uncertain future, an unknown path with great difficulties accompanied by feelings that are much more intense when experienced in youth, such as anguish, sadness and the fear of death and mutilation. Faced with this unveiled phenomenon, the nursing professional can contribute significantly to the health prevention and promotion of these patients.⁶⁻⁷

Thus, this study aimed to estimate the impact of breast cancer and mastectomy on female sexuality.

METHOD

This is a descriptive, exploratory and qualitative study developed together with the Municipal Department of Policies for Women located in the city of Caxias (MA), Brazil. This place was intentionally chosen because it is a state reference in the care of women with breast cancer.

Participants were 12 women selected by non-random sampling, of accidental type, followed and referenced by the Woman's Department of this municipality, after considering the following criteria:

- Having been diagnosed with breast cancer;
- Having undergone mastectomy surgery;
- Age greater than or equal to 18 years and having mental conditions to participate in the study.

Data were collected in April and May 2015 in a private room using recorded interviews with an average duration of 20 minutes. The interview was conducted in accordance with ethical criteria and confidentiality, and all participants were previously informed of the possibility of interrupting and withdrawing of the research.

For the data processing, the IRAMUTEQ software (*Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*) was used. It is a program that is anchored in R software and allows different forms of statistical analysis on textual corpus and tables of individuals by words, enabling different types of analysis, from the simplest to the multivariate, such as the Descending Hierarchical Classification, and organizes the distribution of the dictionary so that it is easy to understand and to see.⁸ The IRAMUTEQ software, to perform classic lexical analyzes, identifies and reformats the text units, which are transformed from Initial Context Units (ICU) into Elementary Context Units (ECU).

The corpus was formed by the set of texts to be analyzed and fragmented by the software in text segments. During the preparation of the corpus, readings,

corrections and decoding of the fixed variables were made, as shown in the figure 1:

Marital status	Race/Color	Schooling	Children	Income
Ms_1 (living together)	Rc_1 (brown)	Sc_1 (Ensino Fundamental)	Ch_1 (Yes)	In_1 (Yes)
Ms_2 (married)	Rc_2 (white)	Sc_2 (High school)	Ch_2 (No)	In_2 (No)
Ms_3 (separated)	Rc_3 (black)	Sc_3 (Higher education)		
RELIGION	HISTORY OF CANCER	TIME SINCE SURGERY	SUPPORT	SEXUAL CHANGE
Re_1 (Yes)	Hc_2(Yes)	Ts_1 (<1 year)	Sp_1 (husband)	Sx_1 (Yes)
Re_2 (No)	Hc_2(No)	Ts_2 (1 to 3 years)	Sp_2 (family members living in the house)	Sx_2 (No)
		Ts_3 (>3 years)	Sp_3 (family members not living in the house)	
			Sp_4 (friends)	
			Sp_5 (healthcare professionals)	
			Sp_6 (NGOs)	
			Sp_7 (none)	

Figure 1. Database to decode the fixed variables used in processing. Caxias (MA): Brazil, 2015.

For the analysis of the data, the descending hierarchical classification (DHC) method was used. The DHC analysis aims to obtain classes of text segments that, in addition to having similar vocabulary to each other, have vocabulary different from the text segments of other classes.

In compliance with the norms governing Resolution No. 466 of December 12, 2012 of the National Health Council, the research project was approved by the Ethics and Research Committee under protocol No. 42340814.1.0000.5554. The development of the study followed all the ethical research procedures, following the appropriate techniques described in the literature for compliance with the ethical precepts related to human research established by resolution 466/12 of the National Health Council.

RESULTS

There was a mean age of 32.4 years; most of them were married (70%), brown (50%), attending elementary to high school (75%) and had no family income (60%). There was a predominance of the Catholic religion (75%) and they had only one child (90%).

Regarding the history of cancer, seven (60%) reported that they did not have the diagnosis of cancer in the family and 5 (40%) reported that they were not aware of this type of disease. The time since surgery was

estimated in: <1 year (30%); from 1 to 3 years (50%); and> 3 years (20%). With regard to social support, nine (80%) received follow up of NGOs, and three (20%) reported not needing anyone during their experience with the disease.

Regarding the main interview item, namely sexuality and changes in sexual activity, the 12 women interviewed (100%) reported a total change in their sexual, intimate and social life.

With regard to the participants' statements, processed in IRAMUTEQ, it started from 12 initial context units (ICU) to 94 elementary context units (ECU): after processing, with 70.91% of the corpus use.

Based on the analysis by Descending Hierarchical Classification, we searched for the identification and analysis of the textual domains and the interpretation of the meanings, giving them names with their respective meanings in classes, as expressed in Figure 2.

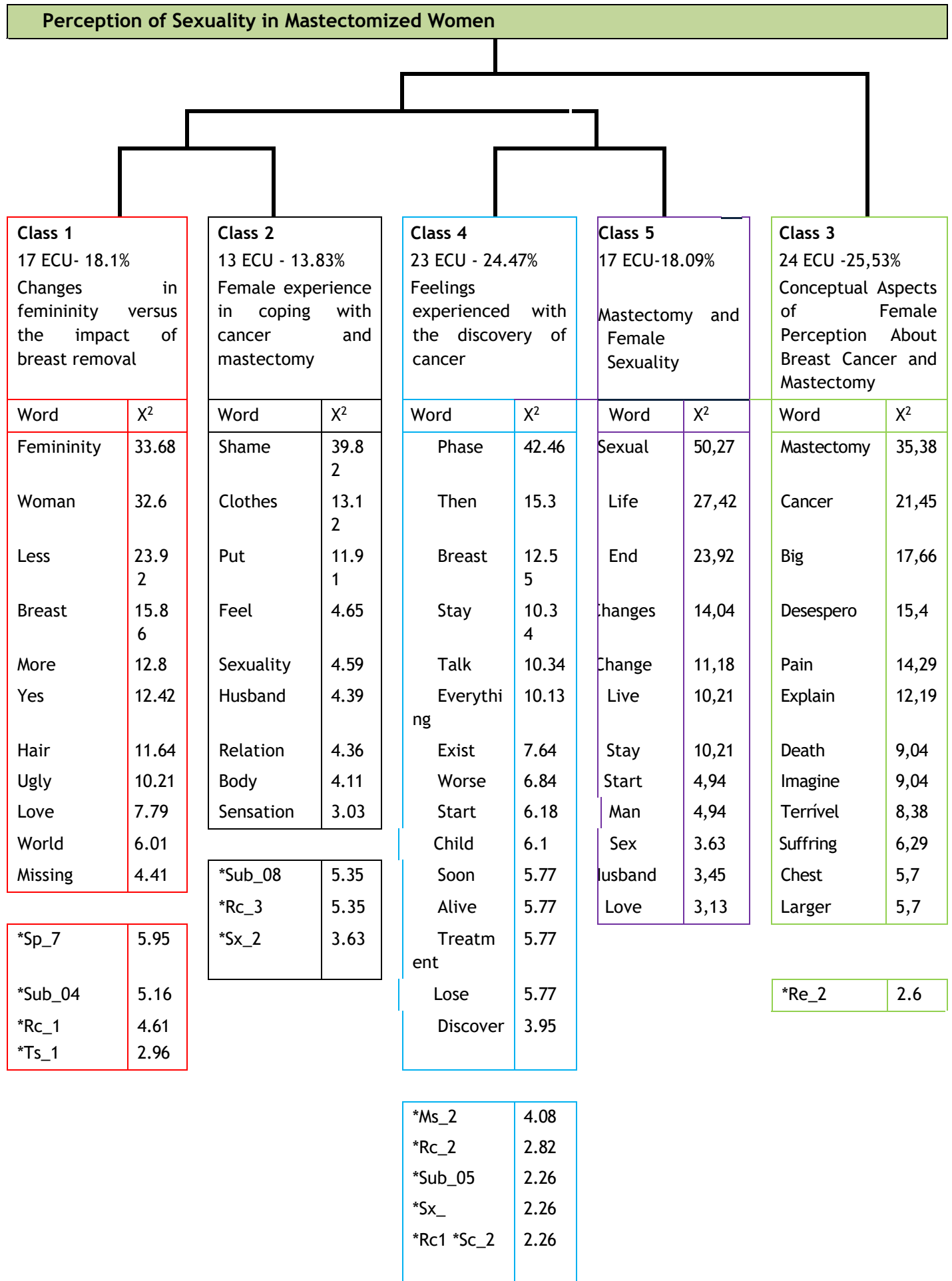


Figure 2. Dendrogram of the Descending Hierarchical Classification on the Perception of Sexuality in Mastectomized Women. Caxias (MA), Brazil, 2015.

Class 1. Changes in femininity versus the impact of breast removal

Class 1 presents 17 ECUs, accounting for 18.09% of the corpus and is directly associated with class 2. For this class, the software indicated that the most important contribution was that of the participant 04.

Women who did not have social support, were white and whose time since mastectomy surgery was less than 1 (one) year also contributed significantly to this class.

In this class, the main impact of mastectomy in the life of these women was in relation to their femininity, to the "woman" being and to the representations of the

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disease in their life and in their body, imposing negative meanings that make them "less womanized, uglier and less feminine" by the absence of the breast and visible hair loss associated with the treatment of cancer, resulting in a painful and incapacitating phenomenon, as shown by the statements of the deponents:

Today my relationship with my husband is more affectionate, as a friend than as a husband [...] I feel less womanized than the others for not having a breast [...] (Sub_02).

Sex for me, today, is the biggest torment, I do not consider myself an attractive woman anymore; I never take my clothes off in front of another woman (Sub_06).

Class 2. Female experience in coping with cancer and mastectomy

Class 2 has 13 ECUs out of 94, accounting for 13.83% of the corpus and is directly associated to class 1. Women who were brown and did not feel changes in sexual activity contributed significantly to this class.

The present study revealed that among the various adaptations to the experiences of mastectomized women, the feeling of shame associated with the alterations and disorders of female body image is the main negative predictor capable of influencing from quality of life and health to the way of feeling and expressing their sexuality towards their partner.

I feel very ashamed to take off my clothes in front of him; since I my breast was removed I have not laid with him with the lights on (Sub_6).

To this day I had never felt anything so terrible as knowing that I am a sick woman and, above all, an incomplete person (Sub_11).

Although female self-stigma in relation to cancer and its deleterious effects on body image are evident, some women also observed a sense of conformity and acceptance in the face of changes in the body and the re-signification of new forms of coping and adapting to the disease, as shown in the statements of some deponents:

I do not worry about my body anymore; the time is past when I worried about it. In fact, I was expecting everything I'm going through now (Sub_12).

My breasts, I am not showing them everywhere and by the blouse I can put the bra with a large cup and go out in the streets that no one will notice. But in relation to hair, it is more shocking and I feel more ashamed (Sub_1).

Class 4. Feelings experienced with the discovery of cancer

Class 4 has 23 ECUs out of 94, accounting for 24.47% of the corpus and is directly associated to class 5. Black married women who experienced changes in their sexual life and low schooling contributed significantly to this class.

Participants' speeches in this class reveal a feeling of despair, fear of death and future uncertainties. Sorrow rooted in this condition lies in the transition between discovery and revelation. The great impact these women had on their lives after the discovery concerns the verbalization of their health condition to the family, children and husband. At this moment, a cascade of negative ideals and feelings hangs between women and cancer, often beset by situations and conditions such as low schooling, low financial status and little access to information. Family structure and even social support, either through psychological or therapeutic care, are measures that help in the daily confrontation of cancer, as shown by the statements of the deponents:

What future would my children and my husband have? I thought about it so much and my concern was useless, because he was the first one who could not handle it. I can now say that there is no worst phase (Sub_03).

When I discovered I would have to have my breast removed, the world seemed to have collapsed upon me (Sub_06).

There was no worse phase; every day is a new and very painful phase (Sub_07).

Class 5. Mastectomy and Female Sexuality

Class 5 has 17 ECUs out of 94, accounting for 18.09% of the corpus and is directly associated with class 4. The statements in relation to sexuality evidenced that women reported changes in their sexual life and in their affective relationship with the partner/spouse due to cancer, mastectomy surgery or treatment reactions. More radical feelings were also shown by women who reported that sexual life has ended, as shown by the statements of the deponents:

It changed a lot in my sexual life on the part of my husband. At first, I soon realized he was distant in the first few days (Sub_02).

My husband left home a week ago ... what man wants to stay with a hairless, thin person who lives in pain and who dies little by little like me? (Sub_03).

Class 3. Conceptual Aspects of Female Perception About Breast Cancer and Mastectomy

Class 3 has 24 ECUs out of 94, accounting for 25.53% of the corpus and encompasses all other classes. Being a non-practicing religious

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was an important predictor in this class, revealing that low spirituality implies greater despair and suffering in the face of the impact of cancer discovery and breast removal.

Mastectomy is the end of my whole life; it is the end of every woman (Sub_02).

I summarize cancer in despair; it is the greatest despair that a person can feel in life (Sub_03).

It is an emptiness I cannot explain; it is pain, it is discouragement, despair... (Sub_06).

DISCUSSION

Class 1 discusses changes in femininity versus the impact of breast removal. The first symptoms suggestive of possible breast problems appear in women as reality data that need to be denied because they anticipate the stigma associated with this type of cancer, and this seems to place them in a position of discomfort. This explains why the phenomenon of denying expresses the difficulty of elaboration and emotional acceptance of the disease, a very common situation in mastectomized patients.⁹

Denying the disease is so clear in the testimonies of the subjects that it assumes a character of authentic denial of reality on the part of these women who experienced feelings of pain, impotence and limitation in relation to the breast removal. Great obstacles in the area of sexuality were faced by women as a result of mastectomy, such as: psychological and social impact, as a result of surgical treatment, i.e., positive and negative changes that follow therapy in women with breast cancer, impact also in relation to fears and taboos surrounding the disease.¹⁰

Some women feel mutilated as a result of breast removal and have difficulty exposing their bodies and expressing their sexuality. Disorders related to body image and sexual desire may also affect these women.

In class 2, we can observe the female experience in coping with cancer and mastectomy. The feeling of impotence experienced by the women studied in relation to their body was configured as an object to manipulate, model, train, obey and respond, representing the definition that says: the body consists of an object, sometimes of submission and use, sometimes of operation and explanation: useful body, intelligible body. The notion of docility that binds to the analyzable, manipulable body is that the body can be submitted, used, transformed and perfected. So, women are concerned with themselves; women seek ways to care for the

solutions considered the most appropriate to improve their quality of life.

As for the body image, the loss of the breast results in negative alteration of the body image. The removal of this organ represents an aesthetic and functional limitation, which causes an immediate physical and psychic repercussion, constituting a traumatic event for the majority of the women, bringing impairment in their quality of life, sexual and recreational satisfaction.¹¹

In addition to the discovery of disease and surgery, chemotherapy also produces side effects that are visible indicators of the disease, such as alopecia or hair loss and weight gain.

Class 4 discusses about the feelings experienced with the discovery of cancer. It is verified in these statements that even in the face of a crisis situation, such as breast cancer, women are concerned with fulfilling their role as a mother, imposed by society. On this issue, Santos and his collaborators⁴ point out that it is a social need to situate themselves in relation to the other, being able to observe the role that the woman adopts according to the gender, the social role of mother and wife and their professional attributions.

The fact that women, in general, have responsibilities for the care of the whole family, although weakened, leads them, in a biased way, to show that they are still in the role of caregivers.¹²

Another very relevant aspect brought by the deponents is the psychic suffering that accompanies the patients since the diagnosis and it can vary in intensity, depending on the time and individual capacity of each woman affected by breast cancer. Diagnostic confirmation favors the feeling of uncertainties about the future life, with fear of death.

The description of the moment of information of the diagnosis reveals remarkable experiences for the women. Faced with the discovery of breast cancer, fear and despair and fear of death were the most reported feelings among the women studied, manifested through crying.

Class 5 sought to understand the relationship between mastectomy and female sexuality. It is perceived that body image, for women, is something that has a great meaning. The fact of looking in the mirror becomes revolting, thus compromising more and more their psychological state and, as consequence, their sexuality, as a part of their femininity has been removed. This ends

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up impairing the relationship with their spouses.¹

Women who perceive the relationship with their partner as insecure and less affectionate presented problems of dealing with sexuality, realizing that because of the breast removal many things could have great impacts on the relationship.¹³

Finally, class 3 sought to understand the conceptual aspects of female perception about breast cancer and mastectomy. Thus, it is highlighted that breast cancer is one of the diseases that causes the most fear among women today. Its treatment can compromise the integrity not only of the breast itself, but of the body as a whole, with reflexes in the psychological, social and emotional dimensions of the woman. In the general population, there is a proliferation of representations about cancer that refer to a cruel, corrosive, contagious, stigmatized and degrading disease whose treatment is drastic and negative, most often presenting side effects difficult to overcome.¹⁴

This disease has been characterized as the one that causes the greatest fear in contemporary society, due to its association with pain, death and intense suffering. These representations are recorded in the transcribed lines, and as it can be seen in the statements of the informants.¹

Breast mutilation favors the emergence of many issues in women's lives, especially those related to body image. Mastectomy has an aggressive and traumatic character in the woman's life, especially in younger women, since it conditions changes in their body image, identity and self-esteem, which can reflect on the expression of their sexuality and also activate symptoms of depression and anxiety.

CONCLUSION

The diagnosis of breast cancer triggers a series of emotional conflicts, in which death and the loss of the breast become a constant threat to the woman's life. Initially, upon being informed of the diagnosis, the patient's major concern turns to survival. At the time of diagnosis and post-treatment phases, the maintenance of life is considered more important than the loss of the breast itself, regardless of the surgical procedure to which the woman was submitted.

Only after removed the possibility of death, woman will turn to the breast mutilation and its consequences. It is important to highlight that each woman reacts to these situations according to some

variables that relate to their life history, social, economic and family context of each one.

There are two moments that are considered remarkable by women affected by cancer. The discovery of cancer, which extends to diagnosis and treatment and the post-surgical period (breast removal), in which there is a resumption of women's daily life after overcoming the fear of death. Only after the resumption of social relationships, leisure, work and family activities, concerns about the body itself arise.

So, the woman has to appropriate a new body referential in which one of her breasts (or both) will no longer be present. Given all this, it would be of great relevance that new forms of psychological intervention are created, so that patients diagnosed with breast cancer and submitted to mastectomy can be better oriented by health professionals, implying a reduction and management of stress caused by the limitations imposed by the disease. The issues raised clearly reveal the difficulties encountered by informants to adapt to a new situation, the loss of the breast, which has affected all the scopes of their lives and mainly those related to their sexuality.

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