Modifications in the psychological and behavioural structure of women after mastectomy

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Summary: The Authors report a psychological equiry carried out by interviews and tests on mastectomised patients to find out the psycho-effective and behavioural implications related to this type of mutilation, to the type of preoperative information and to the relation with the doctor in charge, also to an eventual morphological reconstruction of the breast.

They also analyse the relation between the objective result evaluated by the surgeon and the subjective evaluation of the patient.

Some results of breast reconstruction are presented.

Key words: Mastectomy; Psychological implications.

INTRODUCTION

At the Institute of Plastic and Reconstructive Surgery of the University of Turin we recognised the psychological drama of the woman who has lost her own body image following mastectomy, and also the need for a better understanding of the motivation and expectations of those patients who request the recontouring plastic surgery of their breasts. With this operation the mastectomised woman is offered the possibility of rebulding the outline of her own body and of reestablishing the physical and psychological integrity that has been lost; the reconstructed breast will be perceived as an overcoming of oncologic disease and, above all, as a symbol of the renewal of her womanhood.

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MATERIALS AND METHODS

Fifty female patients affected by the outcome of mammarian tumor surgery were contacted. The ages were comprised between 30 and 68 years; among these were 28 over 45 and 22 under such ages. Their civil status was: married with children 34, married without children 12, unmarried 3, widowed 1.

Among these patients 2 had family histories of breast tumors. All the patients had been submitted to demolitive surgery of the following types; radical mastectomy 18, simple mastectomy 24, subcutaneous mastectomy 5, bilateral mastectomy 2, quadrantectomy 1. Finally, 17 patients had undergone cycles of radio therapy and/or chemotherapy.

This group of patients was invited to reply to a questionnaire which was divided into two parts. The first part was given to the patients after their mastectomy operation and in any case before eventual reconstruction, while the second part was given only to those who had chosen and received reconstructive treatment. Each patient could answer the interviewer directly or, at her own request and on her own account, do so in another Centre.

The first part of the questionnaire enabled us to make the first and essential distinction between the patients who had been informed of the possibility of reconstruction before the demolitive operation, and those who had not been

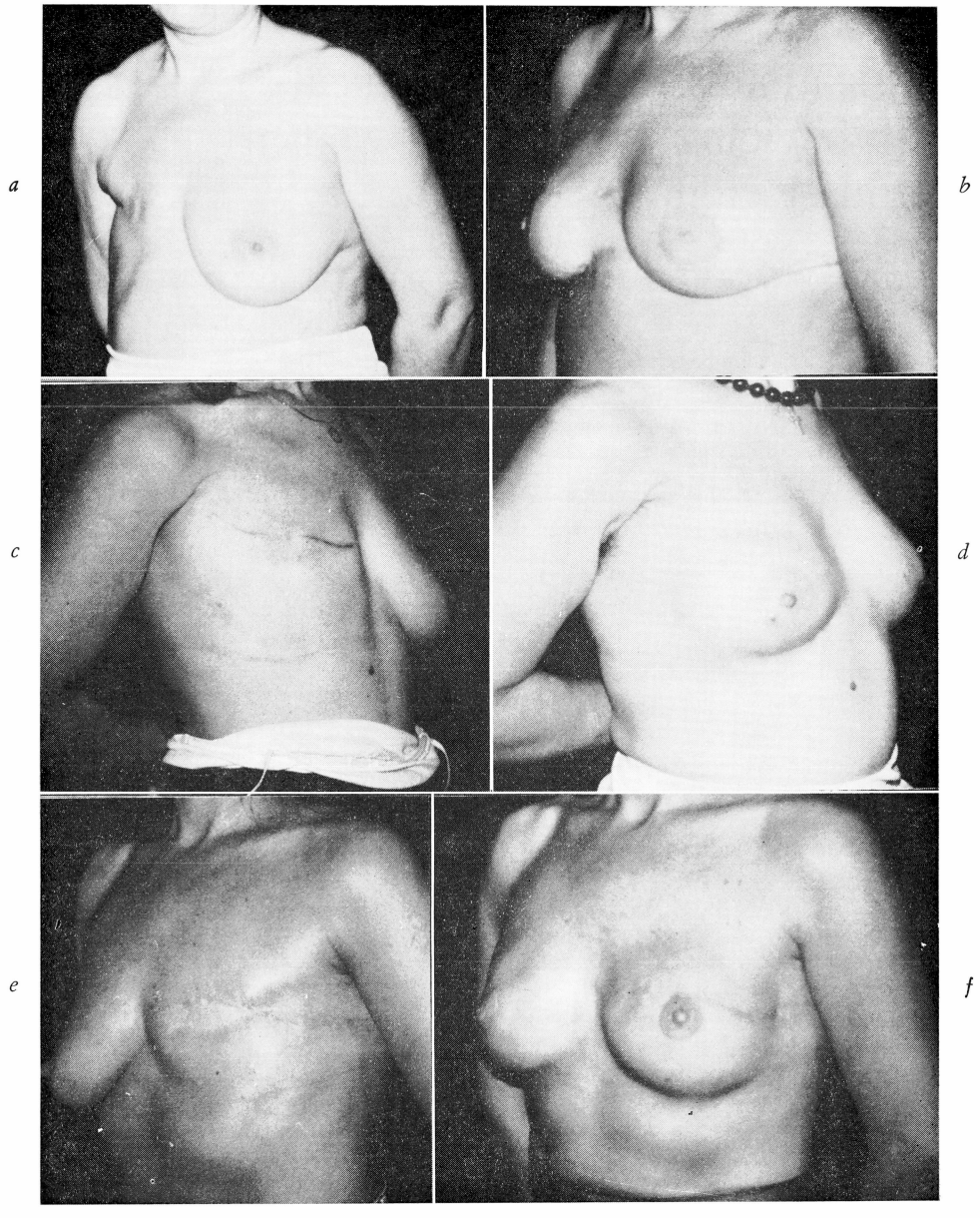

Fig. 1.

Table 1.

	Pre-mastectomy information on the possibility of reconstruction	No. pts. %	YES 20 (40%)	NO 30 (60%)
REACTIONS TO THE DEMOLITIVE OPERATION	– subjective condition after mastectomy	maimed	18 (90%)	26 (87%)
		unchanged	2 (10%)	4 (13%)
	– personality change	stronger	9 (45%)	10 (33%)
		more vulnerable	5 (25%)	16 (54%)
		unchanged	6 (30%)	4 (13%)
	– body image dressed	uneasy	6 (30%)	12 (40%)
		normal	14 (70%)	18 (60%)
	– body image undressed	mutilated	6 (30%)	22 (74%)
		natural	14 (70%)	8 (26%)
	– relations with partner	understanding and living as such	15 (75%)	21 (70%)
		understanding but not living as such	4 (20%)	6 (20%)
	– sexual relations	changed	12 (60%)	9 (30%)
		unchanged	7 (35%)	18 (60%)
	– relations with children	difficult	0	0
		normal	8	26
	– decision on reconstruction	YES	9 (45%)	12 (40%)
		NO	4 (20%)	7 (23%)
		undecided	7 (35%)	11 (37%)
	– expectations from reconstruction	to return as before	0	3
		bodily integrity	16	16
	– fear of relapse set off by the operation	YES	8 (40%)	6 (20%)
		NO	12 (60%)	24 (80%)

given such sustaining information. Then we enquired as to the source of information from which every single patient could draw (family doctor, oncologic surgeon, mass media, friends [3, 6]). In both groups the evaluation was sought of the consequences, in the psychological sphere, deriving from the demolitive operation, with enquiry into the patient's relationship with herself and her own family. We found, besides, that of the 50 patients studied 35 were already disposed towards facing the reconstructive operation; 10 of them had been obliged, temporarily, to give up the idea, the remaining 25 had undergone reconstruction at times varying between 1 and 5 years after mastectomy, according to their general situation, locally and at the moment of making the request.

The second part of the questionnaire examined the variables expressed in terms of personal satisfaction, expectations fulfilled and of a new feminine image. Finally, we wished to compare the personal satisfaction of the patients with their reconstruction and that of the plastic surgeon, on the basis of objective results relating fundamentally to the naturalness of the reconstructed breast and its symmetry with the contralateral one.

RESULTS

Although our study did not have the advantage of approaching the patients before mastectomy, and we therefore do not have certain knowledge regarding the eventuality of previous problems of psychological character (episodes of anxiety,

depressive crises, preceeding psychiatric treatment), the profound psychologic perturbance of such patients was evident. All the women declared more or less dramatically their reactions to the idea of a demolitive operation, although in those who had been informed beforehand of the possibilities of reconstruction the anguish and anxiety they had undergone was described in less dramatic and invalidating tones ([9, 11]).

Only 40% of the women in the study had been informed about the possibility of reconstruction before mastectomy (Tab. 1). 62% of the women studied recognised in the medical staff their first source of information (Tab. 2).

Independently of the type of operation to which the diseased breast had been submitted, to age and to other variables (Tab. 3) the majority of the patients confessed to a profound modification of their own personalities, both in an apparently positive sense (greater strength of mind) and in a negative sense (deep feeling of depression and a tendency to isolate themselves from their surroundings and to assume an introspective attitude). In 88% of the patients their own body image was felt as impaired by the loss of a fundamentally esthetic and functional attribute, and they also admitted to a certain unease on looking at or touching their own bodies, especially when naked ([7]). The patients' relationship with partner and children was expressed as a priceless moral support ([2]). Faced by the possibility of reconstruction of the breast not all the patients declared themselves interested or convinced, while

Table 2. – *Sources of information.*

	No. F	(%)
Doctor:		
family doctor	12	(24)
general-oncologic surgeon	13	(26)
gynecologist	2	(4)
plastic surgeon	4	(8)
Patients during admission to hospital	5	(10)
Aquaintances	4	(8)
Television programs	6	(12)
Medical and other periodicals	4	(8)

Table 3. – *Study carried out on 50 women, suffering from breast tumors.*

Variables		No. pts.	(%)
Age	>45 years	28	(56)
	<45 years	22	(44)
Civil status	married	46	(92)
	unmarried	3	(6)
	widow	1	(2)
Children	YES	34	(68)
	NO	16	(32)
Educational level	elementar	7	(14)
	secondary school	25	(50)
	high school	18	(36)
Occupation	housewife	19	(38)
	employee	26	(52)
	teacher	5	(10)
Type of demolitive operation	Halsted	18	(36)
	Patey	24	(48)
	Subcutaneous mast.	5	(10)
	Quadrantectom.	1	(2)
	Bilateral mast.	2	(4)
Radio therapy and/or chemotherapy	YES	17	(34)
	NO	33	(66)

Table 4. – *Patients who had neither considered or refused reconstruction.*

Number of patients. 15 (30% pt. tot.)	
Resons:	
Fear of death	5
Fear of relapses	5
Fear of criticism (in the family-social circle or from the family doctor)	2
Acceptance of the actual situation	3

patients who had temporarily to renounce the idea were given correct information as to the reason (Tab. 4, Tab. 5) ([8, 10]).

Of the patients who had completed the reconstructive plan 96% said they were satisfied with the choice they had made

Table 5. –*Patients not yet submitted to reconstructive surgery (awaiting operation).*

Number of patients: 10 (20% pts. tot.)	
Reasons:	
Precarious general situation	2
Relapse in the cicatrization site	1
Local situation unsuitable	4
Awaiting operation	2
Under radiotherapy	1

Table 6. – *Patients submitted to reconstructive surgery.*

Number of patients: 25 (50% pts. tot.)		
Reports following the reconstructive plan		%
Degree of personal satisfaction	good	8 (32)
	very good	16 (64)
	poor	1 (4)
Evaluation of the result obtained in relation to expectations	the same	18 (72)
	better	6 (24)
	worse	1 (4)
Would you do it again.	YES	24 (96)
	NO	1 (4)
Subjective condition	re-integrated	24 (96)
	always impaired	1 (4)
Personality change	more serene as before mastectomy	22 (88) 3 (12)
Body image	good	23 (92)
	cicatricial problems	2 (8)
Relation with partner	improved, more serene	22 (88)
	as before	3 (12)
Sexual relation	more serene	22 (88)
	as before	3 (12)

Table 7. – *Comparison between the patients' personal satisfaction and the result obtained.*

Degree of satisfaction of plastic surgeon referring to objective result	Degree of patients' personal satisfaction	N. patients reconstructed	Case series photo
Z.B. very good	very good	18 (72%)	1.2.3.4.
G. R. good	mediocre	1 (4%)	5.6.7.8.
F. C. average	very good	4 (16%)	9.10.11.12
B.C. good	good	2 (8%)	13.14.15.16

(Tab. 6). These patients declared that they felt more serene and renewed, besides which 88% of them noted a certain improvement in the intimate sphere of relations with their partners. At the conclusion of the study, from the personal satisfaction of the patient with her reconstruction together with that of the plastic surgeon, based on the objectivity of the result obtained, good correspondence between the two sides may be observed (Tab. 7).

CONCLUSIONS

The diagnosis of tumor of the breast brings with it the idea of disease and death which insinuates itself into the patient's mind, creating a profound and radical feeling of tragedy.

This state of suffering is worsened by knowing that the out-come of the operation for mastectomy will involve grave modification of a woman's body image, which will be felt as an impairment in both body and mind.

Health, in fact, derives from a harmonious balance between psyche and soma, an equilibrium giving a sense of vitality and potency, which is disturbed by the onset of somatic disease and by mutilation ([1]). As a consequence patients develop different attitudes of separation from the world around them, in which the psyche will anyway result unchanged.

This reality urges on the doctor the necessity for making the right approach, which must take into account the possibility of reconstruction ([5]). With this the patient is offered important psychological support, independently of her own future choice for or against reconstruction. In fact, reconstruction, which disposes of numerous and always more up to date techniques, allows the mastectomised woman to rediscover her own bodily integrity,her own body image, besides giving her the possibility of overcoming her situational depression, freeing her from the ideas of disease and death that came with the diagnosis and treatment of tumor of the breast ([1]).

REFERENCES

1) De La Plaza R., André G.: "Actualité de la chirurgie reconstructive du sein aprés cancer". *Senologia, 6,3,* 151, 1981.
2) Derogatis L. R., Meyer J. K., King K. M.: "Psychopathology in individuals with sexual dysfunction". *Am. J. Psychiatry, 138,* 757, 1981.
3) Donati L.: "Chirurgia riparatrice della mammella". *Min. Med.*, 1982.
4) Goin M. K. and Goin J. M.: "Psychosocial reactions to prophylatic mastectomy syncronous with controlateral breast reconstruction". *Plast. Reconstr. Surg., 69,* 632, 1982.
5) John Bostwick III: "Chirurgia ricostruttiva ed estetica della mammella". Ed. It. a cura di Roberto Braccaglia, Roma, 1986.
6) J. Bronner-Huszar: "Social support and cancer patients. Conceptual and methodologic issues". *Cancer, 53,* 2339, 1984.
7) Morasso G., Canavese G., Crotti N., Lagomarsino L. *et al.:* "Modificazioni dell'immagine del sé in due gruppi di donne operate al seno". *Minerva Psich., 27,* 229, 1986.
8) Maillard G. F. *et al.:* "Aspects chirurgicaux et psychologiques de la reconstruction du sein aprés mastectomie". *Médicine e Hygiéne, 38,* 772, 1980.
9) Schwartz G. F.: "Breast reconstruction following mastectomy for malignant disease: a surgical oncologist's point of view". *Clin. Plast. Surg., 6: 1,* 5, 1979.
10) Goin J. M. and Goin M. K.: "Brest reconstruction after mastectomy. In changing the body: psychological effect of plastic surgery". Baltimore, Maryland, William E. Wilkins Co., 1981.
11) Weartherley-White R.C.A.: "Plastic surgery of the female breast". Harper e Ro, Publishens, 1980.
12) Wellisch D. K. *et al.:* "Psychosocial correlates of immediate versus delayed reconstruction of the breast". *Plast. Reconstr. Surg., 76,* 71, 1985.

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