

Body image and Quality of life of Young and Middle aged Married Pakistani Mastectomy Breast Cancer Patients

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The study investigated the body image and quality of life of young and middle aged married women after mastectomy. Previous studies have shown the effect of age on the body image and quality of life of breast cancer women (Pakseresht, Ingle and Gang 2011, Avis, Crawford & Manuel, 2005, Schover, 1994). The present investigation took a purposive sample of 20 young and 20 middle-aged married mastectomy patients from oncology department of two government hospitals Lahore, and asked them to complete Body Image Scale (Hopwood, Fletcher, Lee & Al Ghazal 2001) and Quality of life scale (QOL) by (Ferrell, Dow & Grant 1995). t-test for independent samples was used to analyze the data. Results indicated no significant differences between young and middle aged married Pakistani mastectomy patients in terms of body image, quality of life and on its subscales- physical wellbeing, psychological wellbeing, fear, distress, social concerns and spiritual wellbeing. The study provides baseline measures for doctors, psychologists, caregivers and breast cancer patients on body image and quality of life indices in Pakistan.

Keywords: Young, middle aged, body image, quality of life, mastectomy breast cancer

Breast cancer is the most stressful event for the women in the United States every year and around the world. Psychological researches have indicated that it exerts a great influence on the lives of the patients socially and emotionally (Compas & Luecken, 2002). It severely affects the body image as well as quality of life of women (Keskin & Gumus, 2011). This fatal disease adversely affects the physical and psychological well-being of a patient. Studies also indicate that women with breast cancer having treatment have low quality of life. The low quality of life (QOL) of breast cancer survivors persists for years after the treatment (Vacek, Winstead-Fry, Secker-Walker, Hooper & Plante, 2003).

Body Image of Women with Breast Cancer

Body image is one of the most important aspects of an individual's apparent personality. Body image is defined as a person's own perception about the aesthetics and sexual attractiveness of his or her body. Body image is a subjective appraisal of one's physical appearance and negative feelings associated with it can cause dissatisfaction with body image (Stokes & Frederick, 2003). In society people are being assessed by their body image. It is also reported that women are more conscious about their body image than men (Pliner, Chaiken, Feltt, 1990). Breast is the symbol of sexual attractiveness and femininity of women. Women treated for breast cancer undergo undesirable body changes like loss of breast, loss of hair, poor mental and physical health which causes negative changes in the behavior, attitude and thinking pattern of these patients thus lowering their quality of life (Sebastián, Manos, Bueno & Mateo 2008).

Mastectomy treatment results in negative body image. The women body gets deformed after mastectomy and they develop a negative body image. It becomes problematic for women to accept their new body image which causes a sense of dissatisfaction in them (Keskin & Gumus, 2011). Studies have been carried out to investigate the adverse effects of breast cancer on body image, intimate relationship and self-esteem of breast cancer patients. Fobair, Stewart, Chang, D'onofrio, Banks and Bloom (2006) research highlights the effect of complete surgical or adjuvant treatments on the body image and sexual problems of women aged 50 or younger. The research showed that body image problems are related to mastectomy, reconstruction of breast, hair loss, weight loss and weight gain, poor mental health, low self-esteem and difficulty in understanding patient's feelings by intimate partner. Moreover, sexual problems were more related to dryness of vagina. Similarly, Kraus (1999) reported that after surgery women with breast cancer experience decline in body image. Anagnostopoulos and Myrghianni (2009) also reported that women with mastectomy feel less attractive, dissatisfied with the scar and avoid meeting people. Similarly, Schover (1994) reported that young women with breast cancer suffer from emotional turmoil and breast conservation provides them "Psychological Protection". On the contrary, Collins, Liu, Schootman, Aft, Yan, Dean, Eliers, and Jeffe (2011)

reported that patients who had mastectomy with reconstruction had a poor body image than the patients who had mastectomy. It further indicated that after 2 years the breast cancer women with different types of surgeries did not differ in terms of body image. Alicikus, Gorken, Sen, Kentli, Kinay, Alanyali, and Harmancioglu, (2009) study indicated that patients having breast conservation treatment and mastectomy did not differ in terms of their body image. Moreover, these married women with breast cancer experienced decline in sexual functioning which in turn caused loss of libido, loss of interest in spouse and dissatisfaction with sexual desire. The study also indicated that mastectomy patients generally have a feeling of physical unattractiveness and significantly experience decline in sexual desire as compared to patients with breast conservation treatment.

Quality of Life of women with Breast Cancer

Quality of life is a patient's subjective appraisal of the current functioning of her physical, psychological, social and spiritual wellbeing after being diagnosed with breast cancer (Ferrell, Dow & Grant 1995, Velikova, Stark, & Selby, 1999). Quality of life determines one's contentment with the different dimensions of wellbeing. Physical well being measures the breast cancer patient's self perception about her overall physical health and to what extent she feels fatigue, appetite changes, weight gain, vaginal dryness and menstruation changes. Psychological well being indicates the breast cancer patient's coping ability, control over life, ability to remember, concentrate and to what extent she perceives that she is happy and satisfied with her life. Social well being of a breast cancer patient is determined to what extent she is satisfied or dissatisfied with the support from significant others, feels isolated and how the illness has affected her personal relationships, sexuality, household responsibilities, finances, and employment. Spiritual well being examines her participation in spiritual activities such as praying, meditation and transcendence (Ferrell, Dow & Grant 1995).

Effect of Age on the Quality of life of Women with Breast Cancer

Previous literature on the quality of life of breast cancer women shows that young breast cancer women have a poor quality of life than older women (Avis, Crawford & Manuel, 2005). Mor, Malin and Allen (1994) reported that younger women less than fifty five years of age have low emotional wellbeing and more disruption in their routine life and child care responsibilities. Cimprich, Ronis and Martinez- Ramos (2002) study indicated that the patients diagnosed with breast cancer in old age have low quality of life related to their physical domain whereas women diagnosed with breast cancer in young age have very low quality of life related to social domain. On the other hand, women diagnosed with breast cancer in middle age show better quality of life related to their physical domain. It also indicated that young married breast cancer women have high risk of suffering from low quality of life than the middle aged women. Similarly, an indigenous study by Hasan and Hyat (2003) found significant differences in the psychological well being of young and middle aged mastectomy breast cancer patients. Young mastectomy breast cancer patients reported their life more boring, miserable, empty, lonely, disappointing and discouraging than middle aged mastectomy breast cancer patients. The studies discussed above indicate that life stages at the time of diagnosis can predict quality of life and this can help professionals to keep in view salient adjustments of life at a particular age while dealing with breast cancer patients.

Body Image and Quality of Life of Mastectomy Breast Cancer Women

Some studies have revealed the effect of mastectomy on the body image and quality of life of breast cancer women. Pakseresht, Ingle and Gang (2011) indicated that the social well being of mastectomy breast cancer patients was worse. The study also revealed that mastectomy breast cancer patients have higher spiritual well being. Levine and Tarq (2002) study also indicated that spirituality is a better predictor of quality of life of women with breast cancer. Breast cancer changes the body image of women with mastectomy resulting in decline of their quality of life. It has been observed that the women with breast cancer with a low quality of life are at higher risk. Avis, Crawford and Manuel (2005) reported that there is a need for interventions specifically related to menopausal, intimate relationships, sexual functioning and body image problems. The findings also indicated very low quality of life of young breast cancer women as compared to normal young women.

Rationale of the Study

In the light of the literature we can say that breast cancer patients who undergo mastectomy are severely dissatisfied with their body image. Previous literature indicates that extensive work has been carried out on this sensitive issue in the west. However less research work has been conducted to investigate the perception of breast cancer patients about their body image and their quality of life with reference to our Pakistani culture. Breast cancer causes a devastating change in body which affects the whole functioning of the person and her attitude towards life. So therefore there is a need to investigate the body image and quality of life of Pakistani mastectomy breast cancer patients. There is a need to identify which domain of well being –physical, psychological and social is adversely affected by this illness. The present study attempts to investigate the effect of age on the body image and quality of life of breast cancer patients. With aging the desire to look attractive declines and other responsibilities like raising children, getting them settled in life are considered the most important role responsibilities of Pakistani parents whereas child bearing and body image carries significant importance for young women. Breast cancer takes away the pleasures of life so there is a need to provide guidelines to the spouses, doctors, psychologists and psychiatrists about the body image and quality of life of breast cancer women so that they can deal them effectively. It can be helpful for the mastectomy women to cope up effectively with their body image and improve their quality of life.

Objectives of the Study

- To investigate the perceived body image and quality of life of young and middle-aged married breast cancer women.

Hypotheses:

- Young mastectomy breast cancer patients would have poorer perception of their body image than middle aged mastectomy breast cancer patients.
- Young mastectomy breast cancer patients would have lower quality of life than middle aged mastectomy breast cancer patients

Method

Sample

Sample of the study was consisted of 40 married mastectomy breast cancer out patients. Age range of the young breast cancer women was 20- 35 years ($M=33.2,SD=4.5$)and age range of the middle aged breast cancer patients was 40-55 years($M=46.2,SD=4.8$) .

Table 1
Sample Characteristics

Variables	Young	Middle aged
Family Size		
Small (having two children)	10 (50%)	5 (25%)
Large (having more than two	10 (50%)	15 (75%)
Children)		
Patients' Education		
School	15 (75%)	17(85%)
College	5 (25%)	3(15%)
Patients' Profession		
House wives	20(100%)	19(95%)
Health worker	0(0%)	1(5%)
Husband's Profession		
Unemployed	4(20%)	2 (10%)
Labour work	8 (40%)	9 (45%)
Small Bussiness	4 (20%)	6 (30%)
Ministerial work	4 (20%)	3 (15%)
Monthly Income		
Low (10000-20000)	16 (80%)	15(75%)
Middle low (21000-40000)	4 (20%)	5(25%)

Year of Surgery		
2010	5(25%)	5(25%)
2011	15(75%)	15(75%)

Instruments

Body image scale : Hopwood et al., (2001) the body image scale was used for measuring the body image of young and middle aged mastectomy breast cancer patients. The scale comprises ten items. Responses are elicited on 4 point Likert-type rating scale from “not at all to very much”. Body image scale evaluates the body image satisfaction. The highest score on the scale is 30. The scale has high reliability of Cronbach's alpha 0.93 (Hopwood et al., 2001). The alpha reliability of the Body image scale on our sample of the study is .93.

Quality of life Scale: Quality of life scale developed by Ferrell, Dow and Grant (1995) was used to measure the overall quality of life of breast cancer women. The scale comprises of forty-six items and it has four subscales i.e. physical well-being, psychological well-being, social well-being and spiritual wellbeing. Physical domain consists of eight items, psychological wellbeing domain contains twenty-two items, social well being domain contains nine items and spiritual wellbeing domain consists of seven items. Responses are elicited on 11 point scale. This scale is specifically designed for breast cancer survivors. Reversely scored items are “1-7,9, 10,17-29,31,33-39, and 43 .Overall QOL-CS tool test re-test reliability was .89with subscales of physical $r=.88$, psychological $r=.88$, social $r=.81$, spiritual $r=.90$. The second measure of reliability was computation of internal consistency using Cronbach's alpha co-efficient as a measure of agreement between items and subscales. Analysis revealed an overall $r=.93$. Sub scale alphas ranged from $r=.71$ for spiritual wellbeing, $r=.77$ for physical, $r=.81$ for social, and $r=.89$ for psychological wellbeing (Ferrell, Dow and Grant1995)”.The alpha reliability of the scale on our sample is .71.

Procedure: We obtained permission from the heads of the oncology departments of the two government hospitals to draw the data. The proposal of the study was vetted by the ethical boards of the hospitals. Independent research group design was followed in this study. Purposive sampling technique was used for the collection of data. Body image scale and Quality of life instrument were administered individually to young and middle-aged married mastectomized breast cancer women. It took approximately 45 minutes to complete the questionnaire. The queries of the participants were addressed before ,during and after the questionnaires were complete . At the close of the scale administration participants were debriefed about the study and thanked for their participation. The confidentiality of the data was ensured. Scoring of the scales was done with the help of scoring keys.

Statistical analysis: t-test for independent samples was used for statistical analysis of the data. Results: t-test for independent samples showed no significant difference in the perception of changed body image and quality of life of young and middle-aged married women with breast cancer.

Table 2

Comparison of Young (n=20) and Middle aged(n=20) mastectomy breast cancer patients on body image and quality of life and its subscales.

Variables	Young		Middle aged		t	95 Confidence Interval LL-UL
	M	SD	M	SD		
Body image	8.00	9.44	6.15	5.174	.768 ^{ns}	-3.02-6.724
Quality of life(QOL)	279.95	43.261	266.05	36.418	1.099 ^{ns}	-11.69-39.49
Subscales of QOL						
Physical well being	48.30	21.692	43.95	12.416	.778 ^{ns}	--6.96-15.66
Psychological well being	62.65	11.717	58.80	9.529	1.140 ^{ns}	-2.98-10.68
Distress	31.95	9.271	32.90	9.899	.313 ^{ns}	-7.08-5.18

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Fear	33.60	11.798	29.50	14.356	1.047 ^{ns}	-4.061-12.76
Social concerns	52.25	10.538	52.25	7.247	.000 ^{ns}	-5.78-5.78
Spiritual well being	51.20	5.764	48.90	5.036	1.344 ^{ns}	-1.165-5.76

p > .05 *df* = 38

This table shows that young and middle aged mastectomy breast cancer patients do not differ in terms of body image and quality of life and its subscales.

Figure 1

Comparison of means of young and middle aged married breast cancer patients on body image scale

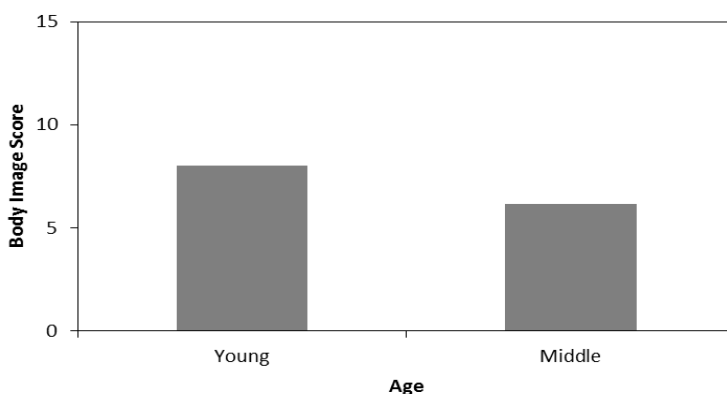
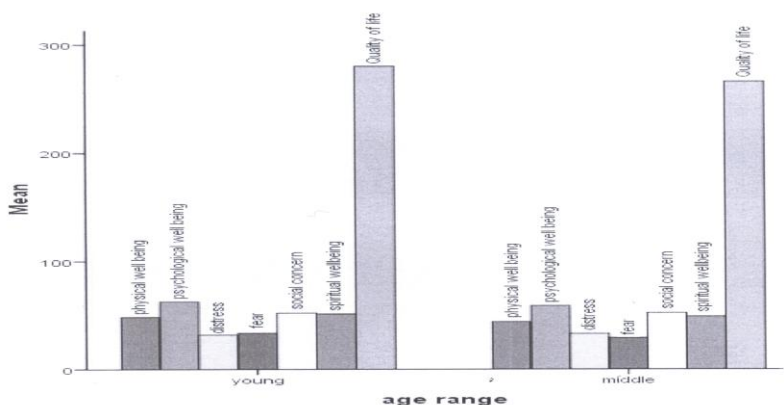


Figure 2

Comparison of means of young and middle aged married breast cancer patients on Quality of life scale and its subscales



Discussion

The study examined the effect of age on the body image and quality of life of young and middle-aged married women with mastectomized breast cancer. Previous literature has explained significant decrease in quality of life and negative body image in young women with breast cancer. The findings of our study contradicts with the previous literature as it indicated no significant differences in terms of body image and quality of life of young and middle-aged married mastectomy breast cancer patients (Schover, 1994, Cimprich, Ronis & Martinez- Ramos 2002, Avis, Crawford & Manuel, 2005). This study shows that young and middle aged mastectomy patients do not differ in their perceptions of body image and quality of life.

Findings indicated no significant differences in the body image of young and middle aged mastectomy breast cancer patients. However, if we critically look at the means obtained on the body image scale, we can say that young and middle-aged mastectomy breast cancer patients experience slight dissatisfaction with their body image. On the basis of our findings, we can infer that mastectomy breast cancer women slightly feel conscious about their appearance, feel less physically attractive, dissatisfied when dressed up, experience loss of femininity as a result of their treatment. The low mean scores indicate that young and middle aged mastectomy breast cancer do not give much importance about how do they feel about their body image. Their low scores on body image perhaps could be due to social inhibitions placed on Pakistani women as they are raised in a way not to talk explicitly about their femininity. This finding can be attributed to their maternal responsibilities which are of primary importance as compared to their body image (Banning, Hafeez, Faisal, Hassan, & Zafar,2009).

The study indicated no significant differences in the quality of life of young and middle aged mastectomized women with breast cancer. On the other hand the critical view of the means obtained by the young and the middle aged on the subscales of quality of life indicated that young and middle-aged mastectomy breast cancer patients experience problems related to their physical well being. On the basis of our findings we can infer that both young and middle aged mastectomy breast cancer patients experience problems like fatigue, appetite and sleep changes, weight gain, menopausal symptoms and fertility issues. The mean of this scale is 40 and results indicate that young mastectomy breast cancer patients score on physical wellbeing was above the mean scale value which indicates more physical problems .This indicates that young mastectomy breast cancer patients slightly experience more problems related to their physical well being than middle-aged mastectomy breast cancer women.

Regarding general psychological well-being young patients have slightly better psychological well-being than middle-aged patients although they do not differ significantly in terms of general psychological wellbeing. The total mean value is above than the mean value of the scale i-e 50. Breast cancer patients' psychological well-being gets affected by the difficulties faced in coping with the disease and treatment. This disease affects their happiness, life satisfaction, ability to remember or concentrate, feeling of uselessness, body image perception and self-concept (Ferrell, Dow & Grant,1995). However, on the basis of our findings we can say that general psychological well being of young and middle aged mastectomy breast cancer patients is just satisfactory.

Findings indicated that psychological wellbeing related to the distressing aspects of illness showed no significant differences between young and middle aged mastectomy breast cancer patients. It also showed that psychological well being of mastectomy breast cancer patients is affected by the fear regarding the recurrence and spreading of cancer. Fear level is high in young breast cancer patients as compared to middle-aged breast cancer patients. Both age groups have scored higher than the mean value i-e 25 of fear scale. Keeping in view the findings, we can say that young and middle aged breast cancer patients are fearful of diagnostic tests; of developing second cancer, recurrence of cancer and spreading of the breast cancer.

Comparison of young and middle aged mastectomy breast cancer patients in terms of social wellbeing indicated no significant difference. Both groups mean values on this subscale are higher than the mean value i-e 45 of social well being scale. On the basis of our findings we can say that for young and middle aged breast cancer women this illness is a cause of distress for family members, affects patients intimate and personal relationships, their sexuality, interfere with their workplace functioning, home activities and places financial burden on them. This breast cancer makes the young and middle aged mastectomy breast cancer patients suffer from isolation. These patients apprehend about having this disease in their daughters and other family members. The findings partially support Cimprich, Ronis and Martinez- Ramos (2002) in case of young mastectomy breast cancer patients that due to their illness their social domain of life is adversely affected.

Lastly, findings indicated no significant differences in the spiritual wellbeing of young and middle aged breast cancer patients. Total mean values are above than the mean value i-e 35 of the spiritual well being scale. On the basis of which we can say that the young and middle aged mastectomy breast cancer patients derive strength from spiritual activities such as praying and meditation which in turn makes them hopeful about their life. All these activities reduce the uncertain feelings about their future. The findings strongly

support the Pakseresht, Ingle and Gang (2011) study which indicated that breast cancer patients have higher spiritual well being. Similarly, it also supports Levine and Tarq (2002) that spirituality is a strong predictor of quality of life of breast cancer patients. Banning, Hafeez, Faisal, Hassan and Zafar (2009) study pointed out that Pakistani Muslim breast cancer patients seek help from religion to cope with adverse effects of chemotherapy. The study also highlighted the importance of the need of spirituality in coping with this disease. On the basis of our findings we can say that mastectomy breast cancer patients have higher spiritual well being.

In the light of the above discussion we conclude that young and middle aged mastectomy breast cancer patients do not differ in terms of perceived body image and quality of life. However the mean comparison with the scale mean value indicated that they experience fear related to their illness ,their social wellbeing is adversely affected . However, both young and middle aged mastectomy breast cancer patients are actively engaged in spiritual activities which give them self contentment.

Limitations of the Study

The sample size of the study is small and restricted to two hospitals. Study is based on age differences only. In future a group of elderly women can be included and by taking a large sample there is a possibility that we may have significant findings. Qualitative studies can give a better insight about the body image and quality of life of mastectomized breast cancer patients.

Conclusion and Implications

These results showed that young and middle aged breast cancer patients do not differ in their perceptions related to their body image and they derive strength from their spirituality to cope with their disease effectively. We also conclude no effect of age on body image and quality of life of mastectomy breast cancer patients. This study can be useful for the clinicians, doctors, significant others of breast cancer patients and for the breast cancer patients as it stresses that developmental stages of life can affect the body image and quality of life of breast cancer patients. This study highlights the role of spirituality in coping with fatal diseases.

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