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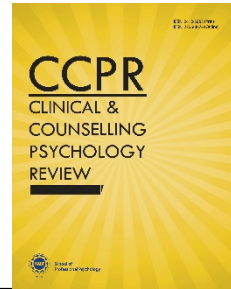
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# Exploring Sufferings in Unmarried Women with Breast Cancer and Surgery

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## Abstract

The current research was intended to uncover sufferings of unmarried women who had gone through breast surgery or having breast cancer, using Interpretive Phenomenological Analysis (IPA). Purposive sample of 45 women was recruited from Bahawalpur Institute of Nuclear Oncology (BINO), Bahawalpur, Shaukat Khanum Memorial Cancer Hospital, and Institute of Nuclear Medicine & Oncology (INMOL) Hospital, Lahore. Semi-structured interviews were recorded, transcribed and analyzed using IPA. Four core themes were extracted from the experiences of the patients that went through breast cancer diagnosis, surgery and beyond. Themes included undesirable feelings, flattered self, emotional affliction and, dreadful future. Cancer, breast surgery, post-surgical complications and social stigma were main factors that revealed fears in patients.

**Keywords:** breast surgery, concealed sufferings, qualitative, stigma, unmarried women

## Introduction

Benign and malignant tumors or lumps in breasts can be removed by breast-conserving surgery (BCS), sometimes called lumpectomy or partial mastectomy. As alternative treatment, the entire breast may be removed through mastectomy. Surgery include cutting, scraping away, crumbling, and holding back the breast tissues (Stoppler, [2021](#)). Number of women going through such surgeries is on the rise (Kocan & Gursoy, [2016](#)). When women observe lumps in their breasts or are diagnosed with cancer, many negative emotions are generated. Such detection and diagnosis require treatment which includes surgery, chemotherapy, and radiotherapy depending on the nature and stage of the breast lump. BCS is a less invasive procedure and cause fewer psychological problems with lesser impact on quality of life of the patients. However, BCS not always possible and mastectomy has to be employed (Moreira & Canavarro, [2010](#)). Malignant

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breast lumps or cancers can occur at any age in women and are extremely scary, petrifying, upsetting, and threatening experience (Banning et al., 2009). It can cause serious psychological impairment, body image-related disturbances and can impair the quality of life (Bagheri, & Mazaheri, 2015; Fazzino et al., 2017). Breasts are a sign of feminine appearance, a symbol of beauty, sexuality, and motherhood, and their loss lead to feelings of disquieting mindset, low self-esteem, sense of shame, and reduced seductive looks.

Previous studies (Ahmed et al., 2022; Habibullah et al., 2018; Mansoor et al., 2020; Saeed et al., 2021) focused on breast cancer and surgeries in married women, however psychosocial problems in unmarried women with breast surgery have not been studied with excessive detail. The present study is designed to uncover sufferings of unmarried women underwent breast surgery, which include hidden fears and apprehensions about the disease, pain and future prognosis of the illness. Existential issues remain the bedrock of such disease, and women silently suffer without sharing them with others (Ahmed et al., 2006; Solikhah et al., 2020). Treatments and surgeries do not reduce fears of recurrence and uncertainty with life (Perreault & Bourbonnais, 2005).

Young or middle-aged women suffer more than elderly women because of a number of reasons. Younger women are looking forward to attain goals, face stigma, isolation from others, pitiful admiration, and loss of social contact (Wilson & Luker, 2006). Social stigma and intense disgrace socially isolates the individual leading them to believe that their smudged identity has devalued them (Goffman, 1963). In many cultures, breast cancer and surgery are stigmatized. Women lose attributes of femininity and hide their illness from society (Chagpar et al., 2022). Stigmatized women internalize negative behaviors, attitudes, and perceptions associated with their self-concept (Link & Phelan, 2001), which causes severe psychosomatic symptoms (Kim & Yi, 2014).

In Pakistan, a delay in seeking treatment is caused by lack of awareness, embarrassment, other societal or cultural factors, and attached stigma to their illness (Ahmed et al., 2006). Many studies conclude that the cancer itself is not the stigma but the mastectomy (Pawaskar et al., 2021; Solikhah et al., 2020; Wang et al., 2017) which isolates women in society. This increases in conservative societies and cultures with strong religious beliefs, like Pakistan, where unmarried women are not inclined to talk openly and

publicly about a breast lumps or surgeries, concealing their suffering lives (Banning et al., 2009) unable to talk about things associated with ‘breasts’ in a public setting (Shahzad, 2017). These factors causes negative body image, emotional tensions and threats to mental health (Ohaeri et al., 2012). The main objective of this phenomenological study is to explore the lived experiences of unmarried women that have gone through breast surgery for cancer or lumps, revealing their fears, stigmas and existential apprehensions.

## Method

### Sample

A non-probability sample of 45 unmarried women was recruited from Bahawalpur Institute of Nuclear Oncology (BINO), Bahawalpur, Shaukat Khanum Memorial Cancer Hospital and Institute of Nuclear Medicine & Oncology (INMOL), Lahore. Participants were aged 15 years or above, unmarried, had gone through unilateral or bilateral breast surgery without reconstruction, and were available three weeks after surgery (see Table 1).

**Table 1**

*Characteristics of Women with Breast Cancer*

Variable	<i>f</i>	%
Locality		
Rural	19	42
Urban	26	58
Age range (years)		
16-20	9	20
21-25	28	62
26-30	8	18
Nature of breast surgery		
General breast surgery	33	73
Mastectomy	12	26
Education		
None	6	13

Variable	<i>f</i>	%
Primary	7	16
Middle	3	7
Matriculation	9	20
Intermediate	12	26
University education	8	18
Occupation		
Student	18	40
Unemployed	23	51
Employed	4	9

### Instrument

Six Urdu questions were asked from to all participants during face-to-face semi-structured interview (Table 2). The authenticity of these questions were established by getting interview guide reviewed from qualitative research experts and were deemed valid by professionals in the field.

**Table 2**

#### *Interview Protocol*

سوالات	نمبر
مہربانی سے یہ بتائیں آپ کے ابتدائی احساسات کیا تھے جب آپ کو یہ معلوم ہوا کہ آپ کے سینے میں گھٹی ہے؟ Please describe what were your initial feelings after breast lump was detected?	.1
کیا آپ مہربانی سے یہ بتا سکتی ہیں کہ آپ کے جذبات اور احساسات سینے کی سرجری کے بعد کیسے تھے؟ Can you please describe your emotions and feelings regarding changes in your body after breast surgery?	.2
کیا آپ مجھے مہربانی سے یہ بتا سکتی ہیں کہ سینے کی سرجری کے بعد آپ نے اپنے مسائل کو کیسے جھیلایا جھیل رہی ہیں؟ Please tell me which problems did you face or are still facing after breast surgery?	.3
کیا آپ مجھے مہربانی سے یہ بتا سکتی ہیں کہ سینے کی سرجری کے بعد آپ کو اپنی زندگی کے بارے میں کون سے خوف لاحق ہیں؟ Please tell me which fears do you have about your life after breast surgery?	.4
کیا آپ مجھے مہربانی سے یہ بتا سکتی ہیں کہ سینے کی سرجری کے بعد آپ اپنے مستقبل کے بارے میں کیا سوچتی ہیں؟ Please tell me how do you think about your future after having breast surgery?	.5
کیا آپ مجھے مہربانی سے یہ بتا سکتی ہیں کہ آپ کے دوسروں کے ساتھ تعلق کیسے ہیں؟ Please tell me how are your relationships with others?	.6

## Procedure

After developing interview protocol and getting approved by the experts, participants were approached in the three targeted hospitals. The interviews were conducted by the researcher and her assistant and lasted for 30-50 minutes with each participant. Each participant's response was audiotaped in a comfortable environment with minimum distractions with the consent of participants. The assistant manually transcribed verbatim responses and later these recordings were transcribed.

Interpretive phenomenological analysis (IPA) was used to gain a better understanding of the lived experiences of the patients. This analysis provides insights to how people view their world, their private thoughts, and feelings. The purpose is to understand how individuals make meaningful interpretations about themselves and others, a phenomenon (Crotty, [1998](#)) we were deeply interested.

Data were analyzed step-by-step by following IPA strategies (Smith, [1997](#)). The first step involved becoming familiar with the recorded and transcribed accounts and verbatim notes. Multiple reads of the transcripts and verbatim notes led to in-depth understanding of participants feeling and thoughts, which helped us formulate themes, and twelve themes were extracted. The next step involved connecting the themes; all the emergent themes were listed on a paper and have been given an analytical and theoretical ordering by clustering them. The most relevant themes were combined into four core themes. These themes and sub-themes were produced by using the qualitative data management program, NVivo version 12. Finally, a summary table (Table 3) was established which gave a clear description of the themes, sub-themes, and their meaning in the respective context. The trustworthiness and authenticity of data were ensured (Guba & Lincoln, [1994](#)) through four criteria as credibility, confirmability, transferability, and dependability.

## Ethical Consideration

The study protocol was approved by institutional review boards of the hospitals. Before conducting interviews, participants were asked for their written informed consent and voluntary participation with the right to withdraw from the study any time. The confidentiality and anonymity of information about the participants were insured. We used pseudonyms in this paper to keep confidentiality and anonymity of the participants.

## Results and Discussion

**Table 3**

*Summary of Themes and Subthemes*

S. #	Core theme	Sub theme	Explanation
1.	Undesirable feelings		1. Hesitation & embarrassment 2. Fear of being stigmatized 3. Fear of negative evaluation 4. Social breakdown
		Shame of disclosure	
		Guilt	1. Perception of being disable 2. Feelings of self-disgust
		Anger	1. Aggression due to sudden diagnosis of life threatening disease, hospitalization, chronicity of disease, loss of one organ, negative comments from others
2.	Flattered self	Low self-compassion	1. Turning compassion inward 2. Harsh self-criticism 3. Feeling inadequate
		Changed self	1. Appearance' after breast surgery 2. Feeling incomplete physically 3. Amputation and emptiness
		Undesirable self	1. Dissatisfaction about physique 2. Low self-esteem
3.	Emotional affliction	New self-image	1. Negative self-image 2. Adjustment problems to carry oneself physically
		Psychological pain	1. Sadness, hopelessness, and a state of unknown fear, emptiness
4.	Dreadful future	Loneliness/ withdrawal	1. Isolation 2. Social withdrawal
		Fear of rejection	1. Worry about treatment 2. Fear of being stigmatized and rejected socially 3. Fear of maintaining interpersonal relationship
		Uncertainty	1. Negative predictions about future 2. Ambiguity about recovery 3. Unpredictable future
		Sustained suffering	1. Lifelong pain 2. Permanent loss of organ

## Description of Themes

The main focus of this study was to explore the challenges, fears and the future concerns of unmarried women who underwent breast surgery. Twelve themes were emerged indicating the suffering and challenges related to psychological, physical and social aspects which they endured lonely (Table 3). Following are the detailed explanation of the core themes and their respective sub-theme.

### ***Theme 1. Undesirable Feelings***

This study highlighted that unwanted feelings such as guilt, anger, hesitation, and embarrassment reveal the inner perception of participants regarding to their illness. The prolonged treatment of breast cancer can also cause the suffering. They confined their illness from society because they had the fear of being stigmatized which further cause anger. Ashing et al. (2003) noted that women hide their illness because of stigma and lack of awareness. This core theme includes the following sub-themes.

**Shame of Disclosure.** Almost all participants reported the feelings of hesitation and embarrassment because of the fear of being stigmatized due to breast cancer or surgery. Participants reported these feelings as; *“I have been suffered a lot even before treatment. When my disease was at the initial stage, I didn’t tell it to anyone. I felt hesitant to discuss about my breast”* (R7:19). One participant reported; *“I was embarrassed that my friends and relatives would know about my mastectomy. They will talk about me. I kept myself at home after surgery that no more other people will know about me”* (R31:23).

**Guilt.** In our society, breast cancer is not discussed openly in public situations because society looks at them as they have any kind of disability which cause the feelings of guilt in sufferers. Women in this study have suffered much and addressed these feelings as; *“Undergoing mastectomy has put me in a state of disgust with myself. I have nothing which will be appreciated. I did not like myself”* (R42: 22). *“I am not satisfied with my breast surgery. It has so deep stitches which made me worried”* (R2: 17).

**Anger.** The sudden diagnosis of life-threatening disease like breast cancer, hospitalization for a long period, side effects of chemotherapy, permanent loss of one organ, and negative comments from others caused aggression and anger responses about disease. Participants report their first-time feelings as; *“when I diagnosed with breast cancer, I was much in*



*shock. I was not in my senses. I used to shout on everyone” (R31:23). “When I came home after surgery, I confined myself in the room. I did not talk to anyone even if I wanted. I did not go outside. Often, I felt irritated that I put away all my room’ stuff” (R5:26).*

**Low Self-Compassion.** Level of self-compassion is determined by the following statements of participants; *“I often asked questions to Allah, ‘why me’? why He put me in an effort like this?” (R44: 28). “You know seeking this treatment as mastectomy is not so easy. Chemotherapy is also very painful. I felt that I couldn’t complete this treatment procedure. I can’t suffer anymore” (R8: 22).*

### ***Theme 2: Flattered Self***

Since the female organ ‘breast’ is related to womanhood and aesthetic beauty, and the malfunction of it leads to less attractive and imperfect body figure. It was indicated by this study that self-image of these women were disturbed because of the malignancy related to breast. Several internationally conducted researches indicated that after receiving treatment of breast lump, the women face certain types of health-related stigma (Agha & Rind, [2021](#); Trusson et al., [2016](#); Waljee et al., [2008](#)). The women, in turn, hide their illness from society to protect themselves from being stigmatized. This core theme includes the following sub-themes.

**Changed Self.** This sub-theme is more related to participants’ perceptions about their ‘appearance’ after breast surgery that how they view themselves as having changed physique. Participants reveal their perception about themselves as; *“You know, I have nothing as I had before. I am incomplete. I have lost my one organ. Lost my beauty” (R38: 23).* Another participant expressed as; *“After going through mastectomy, I feel the amputation and emptiness. Before the mastectomy, I had confidence in my beauty. I had beautiful long hair. I lost them. There is nothing beauty. I see myself less attractive” (R8: 22).*

**Undesirable Self.** This sub-theme is basically related to the perceptions of their changed physical appearance for getting an understanding of whether they are satisfied or not with their appearance after breast surgery. Participants addressed this issue as; *“After surgery, I feel my whole body changed. I feel worried about having these scars and grooves on my body” (R11: 25).* *“Whenever I see myself in the mirror, I feel the emptiness and*

*the pain which is more visible on my body. I didn't not like this. This reflection of me is different from me"* (R 8: 22).

**New Self-image.** This sub-theme reflected the participants' views on their self-image after breast surgery. They perceive themselves as having a new self-image and have problems adjusting with this new self. They reported that; *"This period of three months created a huge change. I am not the same as before. And this is the most devastating change which has occurred"* (R40: 20). The effect of others' perception was reported by one participant as; *"When I meet with others, they more consider my body instead of me. They have a different perspective to look at me. This makes me feel as I am not the same person as before"* (R3: 21).

### ***Theme 3: Emotional Affliction***

Going through the process of mastectomy or surgery at a young age is a very upsetting situation. Mental well-being is tortured by the sudden unexpected situation. The findings of this study are consistent with many other studies in different ways (Okati-Aliabad et al., [2022](#)). Kralik & Biffis ([2001](#)) reported that because of the incurable nature of breast cancer, the diagnosis of this disease is a transforming event. Therefore, patients develop anxieties and other psychological problems. This core theme included the following sub-themes which highlighted the same problems;

**Psychological Pain.** Besides facing physical pain, they had experienced a variety of psychological pain such as sadness, hopelessness, and a state of unknown fear. Participants stated; *"I have listened from people that there is no cure for cancer. When I diagnosed with cancer, I was broken inside. I was just crying at that time. I cannot explain those feelings. It seems to me as there is no more life"* (R6: 20). *"The diagnosis of breast cancer was so shocked for me. I refused to accept my positive tests. I was upset by thinking about its long-term consequences"* (R38: 23).

**Loneliness/ Withdrawal.** Because of breast surgery and attached stigma, participants of this study isolated themselves from society and faced loneliness. They expressed their emotions as; *"When I came home the first time after mastectomy, I told my mother to keep the main door locked. I did not want to meet with anyone"* (R 38: 23). *"I mostly spend my time in my room. I think if I go outside and meet with others, they might do negative comments about me"* (R36: 22).

### ***Theme 4: Dreadful Future***

After going through the process of breast surgery, these women had more concerns and worries about their future plans, interpersonal life. They see their future as it will bring more devastation in their life. Participants communicated their future concerns as indicated in sub-themes;

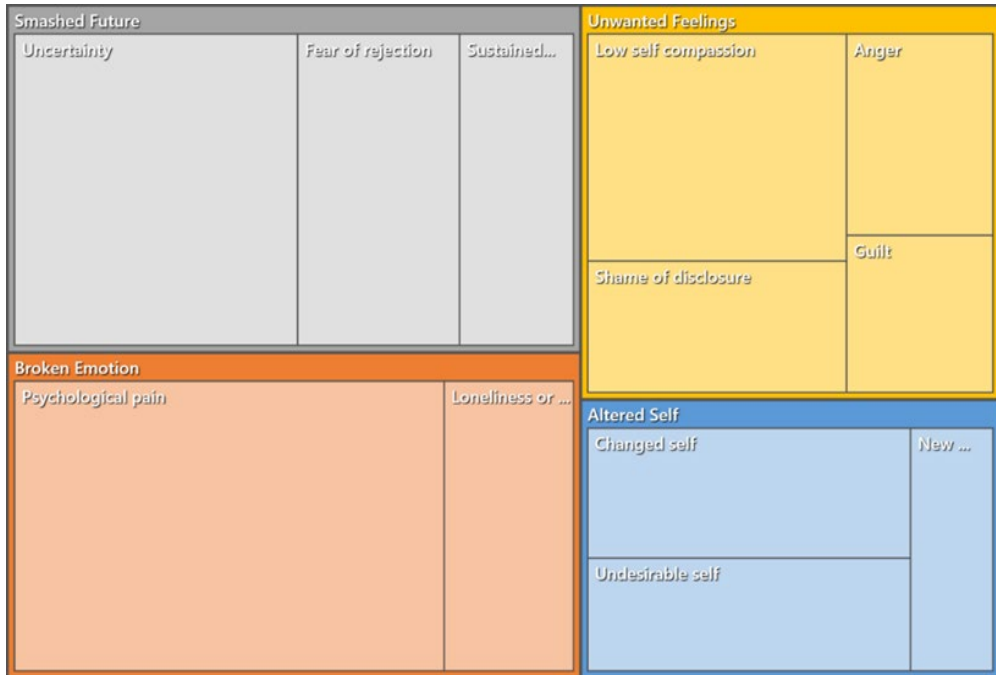
**Fear of Rejection.** Going through breast surgery (mastectomy) is a challenging incident in women's life. They have many fears at the time of diagnosis and treatment or post-treatment. The participants in this study expressed their fears as; *“When they removed my breast, I was in a state of fear. I question to myself that would I go outside as before. Would my friends will love me”* (R6: 20). One participant was engaged before surgery. When her fiancé came to know about her surgery, he refused to marry her. She expressed this fear as; *“After experiencing breast surgery, I am in worry about my future goals. My engagement was ended because of this surgery. I have the fear about any other rejection like this”* (R7: 28).

**Uncertainty.** Uncertainty is a state of ambiguity. The participants of this study were unable to predict their future and were fearful about the recurrence of the disease. When asked about their future concerns, they responded as; *“I didn't know about this situation from which I am going through. Now I don't know about my future what will happen next with me”* (R15: 23). These responses reflect the feelings of unpredictability about their future. *“I lost my life. I have not any chance of full recovery. I don't think I can be able to move as before”* (R17: 25).

**Sustained Suffering.** Breast surgery puts them in a continuous state of pain as they considered it lifelong suffering. This theme can be clearer with one participant's response; *“I have only one breast. There is nothing on the other side. How can I say it will heal? This is the permanent absence of my organ”* (R6: 20). *“I have accepted that I must have to remain for my whole life with this disability”* (R19: 27).

A hierarchy chart is added to make visualize the density of codes at each node. The amount of coded references are viewed in the form of nested rectangles (Figure 1).

**Figure 1**  
*Hierarchical Presentation*



### Conclusion and Implications

This study showed that unmarried women who have gone through breast cancer and any kind of breast surgery were found to have many challenges related to body image, treatment outcomes, about future, psychological disturbance such as anger, sadness, worry, self-blame, low self-esteem, hesitation and embarrassment. They were more concerned with their body image. They had different fears regarding their illness as the fear of disease progression, death, and fear of negative evaluation were highlighted.

The findings of this study provide in-depth understandings of the challenges, fears and future concerns by exploring the lived experiences of unmarried women who have gone through any kind of breast surgery. This study recommends some suggestions to the health care providers; firstly, they should make it possible to provide psychological interventions to patients with breast cancer. They should understand the patient's emotional situation and encourage them to accept their illness as it. Secondly, they should more concentrate to minimize their symptoms progression and side

effects of treatment. Besides, it is more necessary to launch awareness campaign strategies in each area of Pakistan. Further research is needed on the same population by introducing some psychological interventions and evaluating the outcomes of these interventions.

### Limitations of the Study

Although this study was very beneficial, however, it has limitations too. The major limitation which was measured is that it was conducted shortly after surgery. By the time progress, it might be possible that their perceptions and feelings regarding their illness become changed. Secondly, the side effects of chemotherapy were also worth considering factors.

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