**Unfolding Experiences amongst Breast Cancer Patients and their Body Image**

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 **Significance.** Breast cancer patients experience rapid appearance changes such as hair loss, disfigurement, scars, hot flashes, changes in their body weight as well as the color and texture of hair due to treatment (Rhoten, 2015). These physical changes frequently lead to the patient developing a negative body image, which psychiatrists have studied the effects of and have tried to determine what psychosocial support to provide to these survivors (Brederecke et al., 2021). It has been found that cancer survivors commonly use clothing to camouflage their perceived flaws (White, 2011); however, there is a lack of research on how to help breast cancer survivors improve their self-image, so they no longer feel the need to hide their alterations. The present study aims to explore the common experiences of body image amongst breast cancer survivors, so that we may develop ways to foster positive BI in response to their physical changes.

**Theoretical Perspective.**  Cancer treatment is not only physically taxing on an individual, but also emotionally straining due to uncertainty, and a loss of self-confidence. The loss of body part, side effects of radiation and chemotherapy, loss of fertility, surgical scarring, and any additional physical effects negatively impact body image (Fingeret et al., 2014). Objectification theory explains why these changes damage body image and their quality of life, as it is a framework for understanding the experience of being female in a culture that sexually objectifies the female body. The theory proposes that girls and women, more so than boys and men, are socialized to internalize an observer’s perspective as their primary view of their physical selves. (Fredrickson & Roberts, 1997).

**Method.** This study employed a qualitative analysis approach to understand the research questions addressed. After the Internal Review Board approved the research protocol, data was collected through individual Zoom interviews with 10 breast cancer survivors. The survivors had ages ranging from 48 – 80 with an average age of 64. The primary investigator conducted interviews with the breast cancer survivors where each interview lasted an average of 30 minutes and contained 11 questions, structured for participant-led exploration of their experience. The researchers reviewed the transcripts and identified the following four themes apparent in all interviews: Age at Diagnosis, Preparedness for Physical Changes, Intimate Partnership, and Positive Outlook

**Results:** **Age at Diagnosis.** The choice of treatment and its impacts are significantly determined by the age of the individual upon initial breast cancer diagnosis. For example, Participant I said, “I chose to have immediate reconstruction because I was of an age where I didn't really want to go without a breast. Older patients, however, commonly reported not feeling the need to go through yet another surgery, because they already had the time to find a romantic partner. In addition to the visual repercussions, the ability to bear children also weighs heavily on the patient’s mind and is reflected in their BI concerns where patients report feeling “less like a woman” than they did previously because they were now unable to safely bear children. Older interviewees who had already given birth, however, were not affected by this change and thus report a higher BI comparatively.

**Intimate Partnership**. Participants commonly reported that their sexuality and relationships were affected as a result of the changes their bodies underwent in treatment, which in turn impacted their BI. Participant I noted, “I wasn't married. You know, you would wonder how that's going to change, if anyone will be attracted to you.” Participants reported lower BI when they did not have a stable relationship with sexual partners compared to those who already did at the time of treatment, because one noted, “Could lean on him. I knew no matter what he was with me.” Participants also noted how important their partners are on them.

**Preparedness for physical changes.** Having knowledge about the disease and its effects on the body is paramount to fighting and hopefully beating a breast cancer diagnosis, but our analysis indicates that it is also an integral part of coming through the ordeal concerned with a positive BI. Participant F mentioned the advice given to her, “you need to know what the side effects may be and what you need, to expect from each treatment. You need to prepare yourself.” Awareness of the physical side effects enables a patient to mentally prepare so that once they occur, it is not as jarring. Our interviews uncovered that once a patient is diagnosed, “they send you to you what's called a patient educator. And that was a lady who met with my family and me and talked about what to do ... But you know what? My sister and I were talking about how you're so overwhelmed when you get the diagnosis. You don't even hear the things that happen that they say to you there” (Participant C). Survivors who reported a lower BI mentioned on average, that they believe there should have been better or simply more informational resources so that the patients might have prepared better. Information they were told was not fully comprehensible.

**Positive Outlook.** Participants reported a range of emotions in response to their physical changes. Although scarring, hair loss, and weight gain lowered their perceived self-image, participants reported that these effects also can be seen to represent their fight against cancer and serve as a reminder of how grateful they are to be alive. Participant G said that her scars remind her to, “hold my head up and be thankful for every day of life.” Committing to a mind shift and prioritizing this positive outlook on any deformities, enables them to increase their BI.

**Discussions and Conclusion.** The BI of breast cancer survivors is explained by objectification theory, in which women develop negative attitudes to physical changes mainly depending on if they are desirable to the other sex. It was discovered that there were 4 main variables to BI experiences among Breast Cancer Survivors including Intimate Partnership, Age, Preparedness for the change, and Positive Outlook. Healthcare providers must take these 4 themes into consideration when treating a patient, as these four themes are the most paramount when trying to increase their BI. The patient’s age and relationship status at the time of diagnosis are unchangeable, however, we recommend that doctors take them into account more heavily when coming up with a treatment plan; for instance, attempting a less visually altering procedure on a younger woman than an older one with similar symptoms. The other two however, are changeable, and so we recommend that patients are required to attend counseling sessions after diagnoses to be informed of the possible outcomes by a trained mental health professional who can ensure that they truly process it, as well as aid them towards a positive outlook.

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