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The impact of breast cancer on women's self-image

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ABSTRACT
This article examines the impact of the side effects of breast cancer treatment on women's self-image. Qualitative and descriptive research was used, complemented with field research with three women with breast cancer as a sample. After analyzing the data, it was possible to verify that there are impacts on women's self-image, especially when the side effects of the treatments begin to be felt.

Keywords: Self-image. Self-esteem. Breast cancer. Women.

Os impactos do câncer de mama na autoimagem da mulher

RESUMO

Este artigo verifica quais os impactos dos efeitos colaterais do tratamento do câncer de mama em relação à autoimagem da mulher. Utilizou-se a pesquisa qualitativa e descritiva, completada com pesquisa de campo, tendo como amostra três mulheres portadoras de câncer de mama. Após a análise dos dados foi possível verificar que ocorre impactos na autoimagem da mulher, principalmente quando os efeitos colaterais dos tratamentos começam a serem sentidos.

Palavras-chave: *Autoimagem. Autoestima. Câncer de mama. Mulher.*

Los impactos del cáncer de mama en la autoimagen de las mujeres

ABSTRACTO
Este artículo verifica los impactos de los efectos secundarios del tratamiento del cáncer de mama en relación con la autoimagen de las mujeres. Se utilizó investigación cualitativa y descriptiva, completada con investigación de campo, con una muestra de tres mujeres con cáncer de mama. Luego de analizar los datos, se pudo verificar que existen impactos en la autoimagen de la mujer, especialmente cuando comienzan a sentirse los efectos secundarios de los tratamientos.

Palabras clave*: Autoimagen. Autoestima. Cáncer de mama. Mujer.*

1 INTRODUCTION

Breast cancer is considered the carcinoma with the highest incidence among the female sex, causing a great impact on women, both physical and psychological (SANTOS; VIEIRA, 2011). When diagnosed with the disease, fear and uncertainty become part of women's daily distress. The restlessness is a constant, with the uncertainty about the future, the prognosis of treatment, the unpleasant side effects and even with issues related to what will happen after the treatment, are hammering in the patient's thinking.

Being a ferocious disease, the prediction of how the neoplasm evolves becomes uncertain, and the treatments used to fight it are aggressive and cause various side effects. This consequence of the treatment reflects on the woman's self-image, leading to a feeling of low esteem.

In this context, the perfect image, always linked to beauty standards, where the ideal woman is stereotyped as someone with a totally sculptural body, is already being questioned and discussed, especially among the female audience, who no longer accept a pattern of idealized beauty. From this point of view, of the perfect pattern, the woman affected by breast cancer feels uncomfortable about her body and her self-image. In this sense, some questions arise to be raised and studied as: what are the side effects of the treatment of breast cancer? What are the impacts on women's self-image?

The bibliographical research confirms that there are publications on the subject, especially in the area of health, about breast cancer. Regarding the same theme, in the area of clothing and fashion, the publications are restricted to aspects related to the creation of specific products to be used by the women who removed the breast, not being related to

the image consultancy, an area that deals with the image and people's self-esteem.

In view of the above, this article examines the impact of the side effects of breast cancer treatment on the self-image of women. In this sense, the aim is to bring to the center of the discussion the negative reflection of the treatment of the disease in the woman's self-image, in view of the indication of image consulting, based on the perspective of mitigating this situation.

Regarding methodological procedures, its purpose is classified as basic research, since the study does not use a practical application, but rather the understanding, verification, and description of the side effects of breast cancer on the self-esteem of the woman. In this sense, in order to conceive new points of view about the problem, it is also characterized as qualitative research. Still, the research has a descriptive focus since in its data analysis the objective is to understand the data collected in an interpretative way and not to quantify them.

The relevance of the research is justified since the appearance is of paramount importance for the majority of the feminine public, and still, the beautiful-feeling helps the woman in facing the difficulties of the disease. Raising self-esteem makes all the difference to empower women in the treatment of breast cancer. In the scientific context, the research becomes pertinent to bring questions that help raise the self-esteem of the woman in the fight against breast cancer in the phase of treatment of the disease, including information of image consulting, a resource that aims at the satisfaction with the appearance.

The study collected data through a bibliographical research, presenting the concept of breast cancer and its treatments using authors such as Lins and Bernz (1999),

Menke (2007), Belizário (2002), Inca (2018; 2016), Dias (1984), American Cancer Society (2016), Montoro (1984), and Chaves, Silva Junior (1984), and Silva *et al.* (2009), Ramirez (1984), Peres and Figueirêdo and Gomes (1999). To conceptualize the female image has been used Lipovestky (2000, 2009), Freedman (1994), Mosquera and Stobaus (2006), Crane (2006) and Fischer-Mirkin (2001). Still, the researcher went to the field to collect information from women who had breast cancer. The article is structured as follows: first, a bibliographic review was done about breast cancer and the image and the woman; after which one presents the methodological procedures used as well as the presentation and the discussion of the results and; at the end, the final considerations.

2 THE BREAST CANCER

Breast cancer affects many women; data from the *Instituto Nacional do Câncer* indicate that this neoplasm is the one that kills women worldwide. When the cancer is discovered, the treatment for the disease should be started as soon as possible since, if diagnosed at an early stage, the chances of cure are higher (LINS; BERNS, 1999).

Neoplasm, malignant tumor or cancer as it is commonly called, is a genetic disease in which the environment and genetics interrelate to their origin (MENKE, 2007; BELIZÁRIO, 2002). The term cancer is known to be a large group of tumors, and the common denominator among the various types of disease is the proliferation of cells that seize organs and tissues. These cells divide rapidly and become threatening and often uncontrollable and thus originate malignant tumors. The division of existing cancers is fragmented between carcinomas, sarcomas, and metastasis. The carcinomas have

their origin in the skin or mucosas, while the sarcoma has its beginning in muscles, cartilage or bones. Metastasis is defined as aggressive cancer, in which the rapid proliferation of cells spreads from one region to another (INCA, 2018).

In women, breast cancer is the type of cancer with the highest index representing 15% of deaths and 20% of cases, according to Menke (2007), estimates for the year 2018 about 59,700 new cases of breast cancer. Although it is a favorable prognosis infirmity, if early diagnosed, it is a disease that is very feared by women in general, considering the large number of cases and the psychological effects that affect women, especially the negative perception of self-image (DIAS, 2014).

When the neoplasm is diagnosed, treatment should be started as soon as possible and to understand the treatment to be used, it is necessary to classify tumors into staging groups. The classification aims to group tumors with similar traits capable of receiving similar treatments. The *Associação Médica Brasileira* (2001) and Brandão (1999) categorize breast cancer according to the TNM classification, in which the T indicates the tumor, the N the lymph nodes and the M metastases.

> In this classification, T refers to the primary neoplasm, meaning T_1 tumors up to 2 cm in diameter, T_2 neoplasms with 2 to 5 cm and T_3 or T_4 tumors with dimensions greater than 5 cm, with or without regional lymphatic involvement of the axilla. N_0 indicates the absence of tumor spreading to the axilla, N_1 designates the clinical suspicion of mild axillary involvement and N_2 when the axilla exhibits lymph nodes fixed to each other. N_3 translates into supra or infraclavicular impairment. The M symbol refers to the systemic aspect of the disease. M_0 absence of distant metastases and M_1 evidence of tumor dissemination (MONTORO, 1984, p.95).

By means of this classification, the multidisciplinary team will indicate the most effective therapy for the treatment of a particular tumor. After the classification by the TNM system, the cancer is categorized into stages: I, II, III and IV (INCA, 2018). In summary, Montoro (1984, p.95) classifies stage II as the "tumor limited to the breast", stage II as the "loco-regional growth tumor to the armpit", and stage III are "locally advanced tumors" and finally stage IV the 'already disseminated tumors'. From this, the tumor will be classified and the appropriate treatment can be defined in an agreement between the patient and the oncological team.

The most used treatments for the fight against breast cancer include a) local therapies, considering radiotherapy and surgery as local; b) systemic therapies, in which is included chemotherapy and hormone therapy (Silva *et al.,* 2009, LINS, BERNZ, 1999, INCA, 2018). Appropriate therapy will require the reconciliation of more than one treatment modality.

Treatment denoted as radiotherapy, considered a local treatment, makes use of radiation to cause the extermination of cancer cells, thus preventing their proliferation (INCA, 2018). Since it was first used, Peres and Figueiredo (1984) as well as Chaves, Silva Junior and Gomes (1999) show that radiotherapy has proven to be an effective method in the fight against cancer, which can be used both preoperatively and in the postoperative period or as a primary treatment.

Surgery, another treatment considered local, is divided into two groups: conservative and non-conservative. According to the *Associação Médica Brasileira* (2001, p.6), conservative surgeries, referred to as "lumpectomy" and "sectorectomy or segmental resection" according to *Associação Médica Brasileira* (2001, p.6), both remove the

neoplastic tumor without "margins" and "margins", respectively.

Non-conservative surgeries become more invasive to the female body. Mention is made of such types: "subcutaneous mastectomy, simple or total mastectomy, modified radical mastectomy, and radical mastectomy" in accordance with the *Associação Médica Brasileira* (2001, p.6).

Radical mastectomy is equivalent to the complete removal of the breast, chest muscles and axillary lymph nodes. The modified radical also removes the axillary lymphatic system, but may or may not preserve some pectoral muscle. The subcutaneous removes the mammary gland but protects the skin and the halo. The total removes the breast completely (ASSOCIAÇÃO MÉDICA BRASILEIRA, 2001; LINS; BERNZ, 1999).

The treatment called chemotherapy, being a systemic therapy, according to Inca (2018), makes use of medication to fight and destroy the cells that form the tumors. This therapy is a collection of drugs that when mixed together in the bloodstream and scattered throughout the body, cause the cancer cells not to spread to other places as well as to be destroyed. Chemotherapy was previously used when other types of treatment failed, but over the years it was realized that using chemotherapy combined with local treatments would reduce the chances of recurrence of breast cancer (RAMIREZ, 1984; LINS; BERNZ, 1999).

Hormone therapy, another treatment considered systemic, is used in cancers that respond to the treatment of hormones, breast cancer is one of them. Thus, the American Cancer Society (2017) indicates this type of treatment in patients who test positive for hormones receptors. The therapy should still be associated with another type of treatment since alone it is not potent enough for the treatment of cancer.

For Souza *et al.* (2014) even if the treatments have a high chance of becoming successful, the woman continues to suffer from the fear of losing her life, but mainly the fear of withdrawing the breast, which is seen as a sexual and feminine symbol for the woman. Santos and Vieira (2011) point out that cancer has many consequences for the woman's life, not only the physical side effects of the treatment but also psychological effects, affecting feelings. In this bias, Dias's (2014, p.65) thought, where the same in concomitance with the thinking of the referenced authors, mention that the treatments, both systemic and local, have a great impact on the patient "shaking their self-esteem and leading to the state of helplessness". From this perspective, it is important to understand the relationship between the woman and the image, a question raised in the next topic.

3 THE IMAGE AND THE WOMAN

Image, beauty and woman, a troubled relationship of love and hate. In the contemporary social aspect, making and feeling beautiful is of great importance for women, it is almost a feminine duty to be beautiful in today's culture (NOVAES; VILHENA, 2003).

> It happens that the ideal of beauty does not have the same vigor for both sexes, the same effects on the relation with the body, the same function in the individual identification, the same social and intimate valorization. The exaltation of feminine beauty reinstitutes at the very heart of mobile narcissism and 'transsexual' an important division of the sexes, a division not only aesthetic but cultural and psychological (LIPOVESTKY, 2009, p.160).

The contested patterns of feminine beauty, considered ideal, constantly change. The media with its images

conceptualized as an ideal of the female body, with thin women, advice, and products to reach the media standard has a great influence on feminine aesthetics (LIPOVESTKY, 2000, FREEDMAN, 1994, PEIXOTO, SILVA, ABREU, 2018).

In this sense, it is understandable that the female image is diffused by the media in a way that does not show real female beauty. Crane (2006, p. 400) quotes this media exposure as creating "unrealistic expectations that most of them are unable to satisfy". Still, Freedman (1994) exposes the thought that by not reaching the standard reproduced by the media, the woman feels frustrated.

But after all, what is an ideal image? Is it not really looking yourself in the mirror and feeling good about it? Francini (2002, p.20) ponders that beauty is linked to words such as "trust, acceptance, strength, intelligence." In this view, a definition of beauty made by the author brings positive benefits to a woman. According to Freedman (1994, p.35), "although is complicated to define beauty, we seem to recognize it when we see it", soon, the definition of beauty becomes coherent as a set of qualities constituting a woman.

The woman lives in a competition between "being [versus] looking" for Joffily and Andrade (2013, p.11), even though with the definition of beauty as a set of qualities, it is still inevitable to leave the appearance aside. Beauty competition among women brings a tremendous level of comparisons among the female audience (LIPOVESTKY, 2009).

> The way the individual constructs the image of his body is complex and involves perceptions, feelings, and thoughts about him, such as shape, weight, attractiveness and encompasses cognitive (attitudes) and affective dimensions. An example of the cognitive dimension is the comparison that is made of the self-image with the ideal images to verify the satisfaction with the body (PEIXOTO; SILVA; ABREU, 2018, p. 870).

The comparison of the self-image with the media images brings evil desires to the woman, Fischer-Mirkin (2001) believes that these longings may take a long time to be nullified and for her to accept the own image. Thus, self-image is conceptualized in the view of Mosquera and Stobaus (2006, 84) as the observation that a person makes of herself.

By having a positive perception of self-image, it is possible that the person also has positive self-esteem, otherwise, tends to be more negative (FREEDMAN, 1994). Unlike self-image, self-esteem is characterized as the self-confidence, regardless of whether it is positive or negative, it is the way the human being demonstrates how he is content with himself (MOSQUERA, STOBAUS, 2006). Given facts and definitions, it can be inferred that beyond appearance, beauty is in the subjectivity of the human being and that much of the construction of the self-image is linked to these facts. Once the perception of yourself is bad, the person's lack of confidence will cause his self-esteem to operate in a negative way and this tends to reflect on the social aspect of his life.

Going through some delicate situation, such as illness, can be a hook to result in low self-image and self-esteem. For Mosquera and Stobaus (2006) when someone sees their self-esteem and self-image as positive, they tend to better face the mishaps of life. After the bibliography presented on self-esteem and self-image, the next topic addresses the perspective of how the treatment of breast cancer reaches the woman's self-esteem and self-image.

4 PRESENTATION OF RESULTS AND DISCUSS

Field data collection was performed in *Florianópolis*, *Santa Catarina*, in November 2018, through an interview with three women who underwent breast cancer and had the recommended treatment for the disease, regardless of which method had been proposed. At first, five women were contacted for the interview, but two preferred not to participate in the survey, so the number of interviewees was fixed at three. The instrument used for data collection was a semi-structured questionnaire, which contained 10 questions about which treatments were proposed, which impacts were felt in the image during and after the treatment, what changes were felt in the body as well as their relationship with the personal image and self-esteem.

The sample consisted of women who were individually approached, and whether or not they participated in the study. However, it was clarified that participation was not mandatory and that personal data would not be included in the survey. Thus, three women volunteered to be interviewed and respond to the questionnaire script. After the acceptance, the interviews took place.

The data were collected, transcribed and tabulated for the researcher to proceed with the analysis of the information. The answers obtained from the experience lived by these three women were of great value to reach the proposed objective. The analysis of the data was inductive, starting from the particular to the general, working from the descriptive approach of the qualitative data.

The three women were identified as interviewed: A, B, and C. The interviews were transcribed exactly in the words that the interviewees used, thus being the justification for the mentioned colloquial speeches.

The first question asked: how long had the disease been discovered and how long after the treatment begins. Second to three respondents, neoplasia was discovered more than ten years ago and treatment started quickly. Within a month the surgeries of all were performed.

The second question asked about the feeling presented at the time the diagnosis was received, Table 1. The interviewees mentioned fear as a word to be defined.

Table 1. Feeling when receiving the diagnosis.

Interviewed "A"	Fear ... At the time I thought I was going to die ... I was very afraid of dying [...].
Interviewed "B"	Fear... Fear of dying.
Interviewed "C"	[...] wanted to die right now, to bury me. It is pretty hard.

Source: developed by the authors.

Being fear a feeling that derives from the longing for what is about to happen, it is considerable since it is difficult to project how the prognosis of the disease will be given. However, by classifying the tumor at some level of staging, treatment will be proposed, fear is grounded and may turn into other feelings. The third question was about the proposed treatment, Table 2.

Table 2. Treatment.

Interviewed "A"	The tumor I had was not a hormonal receptor so I did not need to take any medication, it was only six sessions of red chemotherapy, I can not remember the name

Interviewed "B"	Four chemotherapy sessions in addition to the initial surgery. I could not do hormone therapy because my tumor was HER 3 negative
Interviewed "C"	It was the radiotherapy, besides the surgery. I made 72 radio applications

Source: developed by the authors.

The fourth question was focused on the surgical treatment and the withdrawal or not of the breast, Table 3.

Table 3. Surgical Treatment.

Interviewed "A"	Yes, I did a radical mastectomy on the right side with axillary emptying.
Interviewed "B"	Yes, I removed the right breast and made the armpit empty.
Interviewed "C"	I did not. I made the quadrant, where I removed the sentinel, with the lymph nodes of the arm that I took everything right. I did not take the whole breast.

Source: developed by the authors.

Complete treatment will occur with the combination of some surgical treatment and some complementary therapy (radiotherapy, chemotherapy or hormone therapy). In this article, two of the interviewees had as their proposed treatment the total withdrawal of the breast with axillary emptying and chemotherapy, and one radiotherapy and partial withdrawal of the breast. None of the interviewees went through hormonal therapy.

Regarding breast reconstruction surgery, there were no questions for the subject, however, the interviewees found it pertinent to talk about. Regarding this, the interviewee C did

not have reconstructive surgery but rather decreased the breast that was not affected by the disease, since she did not take the whole breast, only had a reduction in the size of the same. Interviewees A and B have reconstructed the breast that was removed.

After the treatments were explained by the interviewees, the next question was based on the side effects of the treatment. Two interviewees cited nausea, but only in the first few days after the chemotherapy sessions, the interviewee C who had radiotherapy mentioned that she did not feel any side effects in relation to the treatment. Another point of questioning was the changes felt after the diagnosis and the beginning of the treatment. The analysis that is given through the answers is that life is one and it is necessary to take advantage of it in the best possible way, table 4.

Table 4. Changes after diagnosis.

Interviewed "A"	It was punk, but it worked. I was only thinking about work. Then I began to see life with other eyes, give more value to small things [...].
Interviewed "B"	I learned a lot to have the courage to make the treatment of speaking what I wanted to know about the disease and not hide anything. And I had to face the hair loss, had to be strong to go through this and with two children [...] had that even sad had to appear strong and happy not to shake them.
Interviewed "C"	I was down so clear of course, I was with cancer I'm going to die soon, I'm a little faster, right? But thanks to God I'm there, I'm fine, I've been through three cancers and I'm fine. Three claws, but I'm there.

Source: developed by the authors.

About self-esteem, the interviewees believe that it has been shaken by the disease. Hair loss and breast loss were the main causes of affecting self-esteem, Table 5.

Table 5. About Self-esteem.

Interviewed "A"	Yes. I only wore a scarf. Ten days later my hair started to fall. I could not look at myself in the mirror. And she cried a lot when she went to shower, the worst part was losing her breast. I felt mutilated
Interviewed "B"	Yes. The loss of the breast even using a prosthesis thought that they were seeing that I was without sines and bald, the hair loss shocked me a lot. But I thought I have to go around everyone knew that I was in treatment I decided to put on makeup every time I went out, I made handkerchiefs combining with the clothes and good makeup that highlighted my eyes that are green so it helped me to face this phase. Difficult was at the end, because the eyelashes also started to fall too, but spoke while having one to paint, everything is alright (laughs).
Interviewed "C"	I do not think so. Since I was not completely mutilated, I did not have that feeling of looking at you and seeing you mutilated. I had a bigger chest than another one of course, right from the difference, but my surgery was very well done, you see. In the beginning, we take it because when you do radio it burns [...] and everything gets burned. But then it goes back to normal color with time and today, thank God I have everything normal.

Source: developed by the authors.

Respondents in whom the proposed treatment was chemotherapy showed more impact of the treatment on self-image and self-esteem since chemotherapy brings side effects such as hair loss. Still, the two interviewees who removed the breast for completeness were the same ones who underwent chemotherapy, that is, the combination of the two treatments led to even more difficulty in seeing oneself in the mirror and in the acceptance of the body. However, one of the interviewees, in whom the treatment was radiotherapy,

claimed that she did not feel negative impacts and yet, the breast was not completely removed, which does not cause the total feeling of mutilation, table 6.

Table 6. Impacts of treatment.

Interviewed "A"	My biggest difficulty was watching me take a shower, I felt mutilated without my breast, the loss of hair did not affect me much, not even liked me bald.
Interviewed "B"	Yes, I did not accept the scars, it bothered me a lot and the lack of the breast also had to wear clothes with a low neckline, because I thought everyone would notice. Today I no longer have this with the help of our therapist I managed to win.
Interviewed "C"	None. No, none too.

Source: developed by the authors.

When considering the answers, it is possible to perceive that chemotherapy brings more difficulties than radiotherapy in women's self-image. The main difficulties faced were shown in table 7.

Table 7. Difficulties with chemotherapy.

Interviewed "A"	The first was in the first exchange of dressing with the drains and only a huge cut in the place of the breast, I cried a lot, and even knowing that I would fall hair when it starts really sorry. But the head we adorn with a scarf, a turban, I wear big earrings, red lipstick and it looks beautiful, the breast does not work. And less than a year after finishing the treatment, I did my reconstruction surgery at the University Hospital of the Federal University of Santa Catarina (HU, UFSC).
Interviewed "B"	At first, it was that they looked at me with pity this and very embarrassing. In half I did not feel complete without breast I did not like my husband to see me so if I touched

	I was irritated, but in the end, with reconstruction, I see myself someone else I got a tattoo on the scar and I accepted a lot today.
Interviewed "C"	No, because I think so, I did not accept at the beginning when the doctor said I had cancer I did not accept. So much so that it took me a couple of weeks to accept and do the surgery, but then I did the treatment and I had a lot of support from the family, from friends, my friends who were going with me, three or four of them doing the radio. I had a lot of support, so I guess that's where I did not drop the shuttle.

Source: developed by the authors.

At the end of the interview, the difference in relation to treatments and their impacts is observed. It was perceptible through the answers that the interviewees A and B had a greater shock and more difficulties to face since the treatment of both was more mutilating than the one of the interviewed C. Although this last one also went through the surgery, it was of greater conservation since the breast was not removed by complete. Besides that, radiotherapy does not cause hair loss, and the burns caused by it, are not seen by all. Thus, it becomes necessary to re-score the difference between treatments and the impacts felt also, differently

5 CONCLUSIONS

After the bibliographical research and field research conducted through interviews, it was possible to deepen the subject for the verification of the proposed objective. It has been shown through the literature that the treatments used to combat breast cancer are evasive, and thus it can be confirmed through the interviews conducted that chemotherapy brings the hair loss, of eyelashes and this is

usually difficult for the woman when the effects appear. Still, total breast withdrawal is also an effect that greatly affects the female audience.

In this sense, beauty and self-image were explored. It can be seen that self-image is constructed by observing the physical appearance that the person has under himself and in view of that self-esteem is perceived as the perception of confidence that the person has over himself. The concepts of self-image and self-esteem together form a primordial set on the woman's image of herself, whether positive or negative, and this can influence the social aspect of one's life.

Thus, in the field research, it was verified that the self-image and self-esteem of the women who underwent the treatment of breast cancer are affected, especially when the treatments were started. The different treatments that can be proposed bring different effects to the woman, and in the research, the two women who underwent chemotherapy and total withdrawal of the breast felt more effects in relation to the self-image.

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