



Body image perception among breast cancer patients after mastectomy: A phenomenology study

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ABSTRACT

Background: Breast cancer is the most common type of cancer among all cancers. Most breast cancer treatments involve surgery, which leads to changes in body shape. These changes can have an impact on body image after mastectomy, affecting the patients' quality of life.

Objective: This study aimed to explore the perception of body image of breast cancer patient after mastectomy.

Methods: A qualitative phenomenological approach was employed in this study. A total of 15 post-mastectomy clients were recruited through purposive sampling technique. Data collection involved semi-structured interviews, which were recorded. The data were analyzed using the Van Mannen approach with the assistance of NVivo 12 Plus software.

Results: The majority of the participants were in the elderly phase, with an average education level of junior high school. Most had a history of stage IIB breast cancer and, on average, had undergone mastectomy three years ago. This study identified the theme of body image, which consisted of four categories and eleven sub-categories.

Conclusions: The description of body image in post-mastectomy clients includes beliefs, thoughts, feelings, and behaviors. This response is influenced by the belief in the importance of breasts, optimism regarding achieving one's ideal self, thoughts about changes in the body, acceptance of oneself and those around us, enthusiasm for healing and comfort, and social roles.

Keywords: body image; mastectomy; breast cancer; cancer survivor; self-acceptance

INTRODUCTION

According to the World Health Organization (WHO), cancer is a large group of diseases characterized by the uncontrolled growth of abnormal cells in various organs or tissues of the body. These cells have the ability to invade neighbouring parts of the body and spread to other organs ([Wulandari et al., 2020](#)). Breast cancer specifically refers to the abnormal growth of cells in the breast, which can originate from the ductal epithelium or lobules ([Kemenkes, 2019](#)). Breast cancer is a significant global

Nursing and Healthcare Practices

- *Body shape changes experienced by breast cancer patients after a mastectomy have an impact on their body image.*
- *Healthcare providers must be attentive to the psychological impact of mastectomy on body image, as it involves multiple categories such as beliefs about the importance of breasts and thoughts about bodily changes.*
- *Implementing interventions that foster acceptance, optimism, healing, and comfort, while considering the clients' social roles, can contribute to a more positive body image and overall well-being in post-mastectomy individuals.*

health issue, ranking as the leading cause of cancer-related deaths in women (WHO, 2019). Clinical practice guidelines for breast cancer typically involve surgical therapies or invasive procedures (Sun et al., 2018), which may include the removal of one or both breasts. These interventions can have both negative and positive impacts, affecting aspects such as sexual function, quality of sexual life, and body image (Kowalczyk et al., 2018).

According to the American Cancer Society (ACS), the incidence of breast cancer has been on the rise, with approximately 287,850 new cases diagnosed in women and 2,710 cases in men, along with an additional 51,400 cases of ductal carcinoma in situ (DCIS) in the United States. The lifetime risk for women has increased to 12.9%. It is estimated that in 2022, 43,250 women and 530 men will die from breast cancer (National Breast Cancer Coalition, 2022). In Indonesia, breast cancer has the highest incidence rate, with 58,256 cases (16.7%), and the second-highest mortality rate, with 22,692 deaths (11.0%) in 2018 (Globocan, 2019). A preliminary study investigated by researcher in 2019, reported 779 client visits with a breast cancer diagnosis in the outpatient clinic and 78 inpatient visits in the hospital.

In the majority of cancer patients, approximately 67% have been diagnosed for 5 years or longer, and 18% have been

diagnosed for 20 years or more (American Cancer Society, 2019a). The treatment of early breast cancer typically involves a combination of local treatment modalities such as surgery and radiotherapy, systemic anticancer treatment, and supportive measures, which are administered in various sequences. The increasing number of breast cancer survivors each year can be attributed to advancements in early detection and treatment methods (Cardoso et al., 2019).

One of the treatment options for breast cancer is surgery, specifically mastectomy, which involves the removal of one or both breasts (American Cancer Society, 2019b). Breast reconstruction can be performed at the time of mastectomy (immediate reconstruction) or as a separate procedure (delayed reconstruction), although it often requires multiple surgeries (American Cancer Society, 2019a). Post-mastectomy scars are typically visible from the chest to the sternum and under the arms (Stoker & Clarke, 2018).

In addition to efforts to preserve as much of the original breast as possible through surgical advancements, it is undeniable that a woman's body undergoes changes due to alterations in breast shape, presence of scars, and other physical marks, which can impact her quality of life. Some of the impacts experienced by post-mastectomy patients include changes in self-identity (Sun et al., 2018), awareness, psychological expression, spirituality, misconceptions, economic burden, isolation, shame (Dsouza et al., 2018), as well as functional and emotional disturbances, poor body image, lower quality of life, and various emotional struggles (Ahn et al., 2022). Body image is a multidimensional concept that encompasses both positive and negative self-perceptions and attitudes, including thoughts, feelings, and behaviors, towards one's own body. In general, women tend to experience higher levels of dissatisfaction with their body image compared to men (Gruszka et al., 2022).

This research is based on the theory of grief and loss by Kubler-Ross (1969), which states that there are five phases of the loss response: denial, anger, bargaining, depression, and acceptance. The grieving response in post-mastectomy clients arises as a result of the loss felt either before or after the mastectomy. Grief is a normal response to any loss. Generally, the emotional response expressed to loss is manifested by feelings of sadness, anxiety, and others (Kurniawan et al., 2019). The

Table 1. Participants' Characteristics.

Characteristics	n
Age mean (range)	48 (20-65)
Civil status	
Married	10
Widow	4
Single	1
Educational level	
Elementary school	4
Junior high school	5
Senior high school	2
Diploma	1
Bachelor	3
Job status	
Government employees	2
Private sector employee	2
Self-employed	3
Housewife	7
Student	1
Diagnose	
Breast cancer	14
Ductal Carcinoma in Situ	1
Stage of cancer	
Stage II	6
Stage III	9
Stage IV	1
Treatment besides astectomy	
Chemotherapy	15
Radiotherapy	1
Hormone therapy	6
Breast reconstruction	
Yes	1
No	14

nursing care approach using the Kubler-Ross grieving and loss theory is considered ideal to be applied in providing professional nursing care services, especially for post-mastectomy clients who require a process of accepting changes in their health status. It is necessary to understand the experiences of women who have undergone a mastectomy to help identify important aspects of treatment (Olasehinde et al., 2019). Based on the description above, it is necessary to conduct research to find and understand the meaning of body image,

the impact, and the acceptance process of the conditions experienced. This research will help determine the anticipation program and improve the rehabilitation outcomes of breast cancer patients who have undergone mastectomy therapy.

METHODS

Design

In this study, a qualitative phenomenological

approach was employed to explore the information conveyed through the perspectives of each participant, relying on real-life descriptions of a phenomenon. The utilization of the qualitative method allows for the acquisition of rich information that can help understand the unique meaning of every human experience (Lundberg & Phoosuwat, 2022).

Ethical Consideration

This research has undergone an ethical review by the Ethical Committee for Health Research at RSU Haji Surabaya with ethical approval letter number: 073/42/KOM.ETIK/2019, dated November 28th, 2019. The ethical principles followed in this study included: respect for human participants, beneficence and non-maleficence, autonomy and freedom, veracity and fidelity, anonymity and confidentiality, and justice.

Participants and Settings

The participants for this study were selected using purposive sampling from the population between December 2019 and January 2020. The inclusion criteria for participants were as follows: (1) diagnosed with breast cancer and had undergone mastectomy therapy for at least 6 months in stage IIA to IV, (2) in the acceptance stage based on the results of sample screening using the Action and Acceptance Questionnaire for Cancer (AAQC) instrument by Arch and Mitchell (2016), (3) not experiencing moderate to severe pain based on the results of sample screening using the Numeric Pain Rating Scale instrument by McCaffery, M., Beebe, A., et al. (1989), (4) in a conscious (composmentis) and cooperative condition, and (5) able to communicate effectively in Indonesian and Javanese languages. The exclusion criteria included participants who (1) experienced post-mastectomy complications such as lymphedema, infection, seroma, hematoma, cellulitis, inflammation along the incision line, increased drainage, foul odor, or open sutures at the incision site, and (2) had hearing and speech impairments. Participants who did not follow the interview and validation phases in the complete study were considered drop-outs.

The determination of the sample size in this study was considered adequate when data saturation was reached, meaning that further participants did not provide any additional significant new information. The 8th and 11th respondents did not pass the assessment of the Action and Acceptance Questionnaire

for Cancer (AAQC) and were excluded. Data saturation was achieved with the 17th respondent, resulting in a total of 15 participants used in this study.

Instruments

The sample screening process involved the use of two instruments: the Action and Acceptance Questionnaire for Cancer (AAQC) by Arch and Mitchell (2016), and the Numeric Pain Rating Scale (NPRS) (McCaffery & Beebe, 1989). The NPRS instrument was administered by the researcher and did not require testing for validity and reliability, as it is a commonly used instrument in both clinical and research settings in Indonesia. On the other hand, the AAQC instrument underwent validity and reliability testing conducted by the researcher. The validity of the AAQC instrument was tested using the SPSS program, with the criterion of r count > r table (0.878 for N-5, significance level 0.05). The testing was performed on a sample of five breast cancer patients at RSU Haji Surabaya, and the results indicated significant correlations between the instrument's question items and the total score, thus confirming its validity. For reliability testing, Cronbach's alpha was calculated for the AAQC instrument, resulting in a value of 0.994. As the obtained value of Cronbach's alpha exceeds the threshold of 0.6, the instrument can be considered reliable and consistent.

Data Collection

Prior to conducting in-depth interviews, a sample screening process was carried out to identify participants who met the inclusion criteria, which included being in the acceptance stage based on the AAQC questionnaire and not experiencing moderate to severe pain according to the Numeric Pain Rating Scale. For the in-depth interviews, the researcher utilized interview guidelines to explore the participants' descriptions of body image. In qualitative research, the researcher serves as an instrument, and other data collection tools used include in-depth interview guidelines, field notes, and recorders.

The interview guidelines were prepared based on the research objectives and adapted to the concepts of Kubler Ross's Loss and Grieving Theory (Kubler-Ross, 1969). The questions were designed to delve deeply and extensively into the participants' experiences. During the interviews, participants were encouraged to reflect on their experiences,

uncovering the meaning behind those experiences. Each participant had a unique perspective and understanding of the collected phenomena, contributing to the overall understanding of the phenomenon.

Field notes were taken to record nonverbal responses, gestures, expressions, and other relevant events during the data collection process. A tape recorder was used to capture all the information obtained during the interview. The interviews were conducted face-to-face, with a distance of approximately one meter between the researcher and the participant. This positioning allowed for easy observation and note-taking of the participants' nonverbal responses. The voice recorder was placed approximately 50 cm from the participant, with the microphone directed towards the participant. Additionally, a video recorder was positioned about 1 meter away from the participant.

After conducting the in-depth interviews, data triangulation was performed by cross-referencing the findings with patient medical records at RSU Haji Surabaya. The interview results and field notes were collected and the data was then described. The researcher reviewed all the descriptions of the phenomena provided by the participants. Following the description of the data, the researcher validated the interview results by contacting the participants again. Once the participants confirmed the validity and appropriateness of the interview results, conclusions were drawn and the data was presented.

Data Analysis

Qualitative data analysis in this phenomenological study uses Van Manen's (1997) method which consists of 6 steps, namely: (1) turning to the nature of the lived experience (2) exploring the experience as we live it, (3) reflecting on essential themes, (4) describing the phenomenon through the art of writing and rewriting, (5) maintaining a strong relationship to the phenomenon, (6) balancing the research context by considering parts and whole (Polit and Beck, 2013). To aid in the data analysis process, NVIVO version 12 Plus software developed by QSR International was used. NVIVO software provides tools and features that assist in organizing, coding, and analyzing qualitative data effectively.

RESULTS

The participating women (n = 15) were aged 20-65 years. Most of them are married, as housewives and suffer from stage two breast cancer. Caregivers of all participants came from families, both husbands, children, and parents (mothers) of participants. one-third of the participants had junior high and high school education. All had received chemotherapy, 1 had received radiotherapy, and 6 had received hormonal therapy. Only one underwent breast reconstruction, and the other did not have reconstruction (Table 1).

This study identified 4 categories and 11 subcategories. In the category of beliefs, there are two subcategories; the presence of breasts and the ideal self. In the category of thoughts, there are 3 subcategories; form, size, and function. In the category feelings, there are 3 subcategories; when diagnosed with cancer, mastectomy decision, and body shape changes. In the category of behaviors, there are 3 subcategories; attitude, action, and social roles (Figure 1).

Body Image

Body image is an individual's perception of his body related to physical appearance. This theme is identified through the categories of beliefs, thoughts, feelings, and behaviors which are the responses of the post-mastectomy client to the situation that is being experienced.

Theme 1: Beliefs

The presence of the breast is considered important which is the integrity of a woman's body. Losing part or all of the breasts will have a psychological impact on post-mastectomy clients.

"Yes, it's important, I used to have one and it was taken, thank God, after being reconstructed, now I have it again." (P8)
"it's important, I was given one from birth, but if it's sick, how else do you want it or not, you have to take it" (P1)

Self-ideal. Body shape changes experienced by women after mastectomy will affect the individual's ideal self. Positive self-ideals such as an attitude of optimism and being able to achieve the desired ideal for himself will increase individual self-esteem.

"No human is perfect because perfection belongs to God, the most important thing is to be a good person who can humanize people and help each other" (P2)

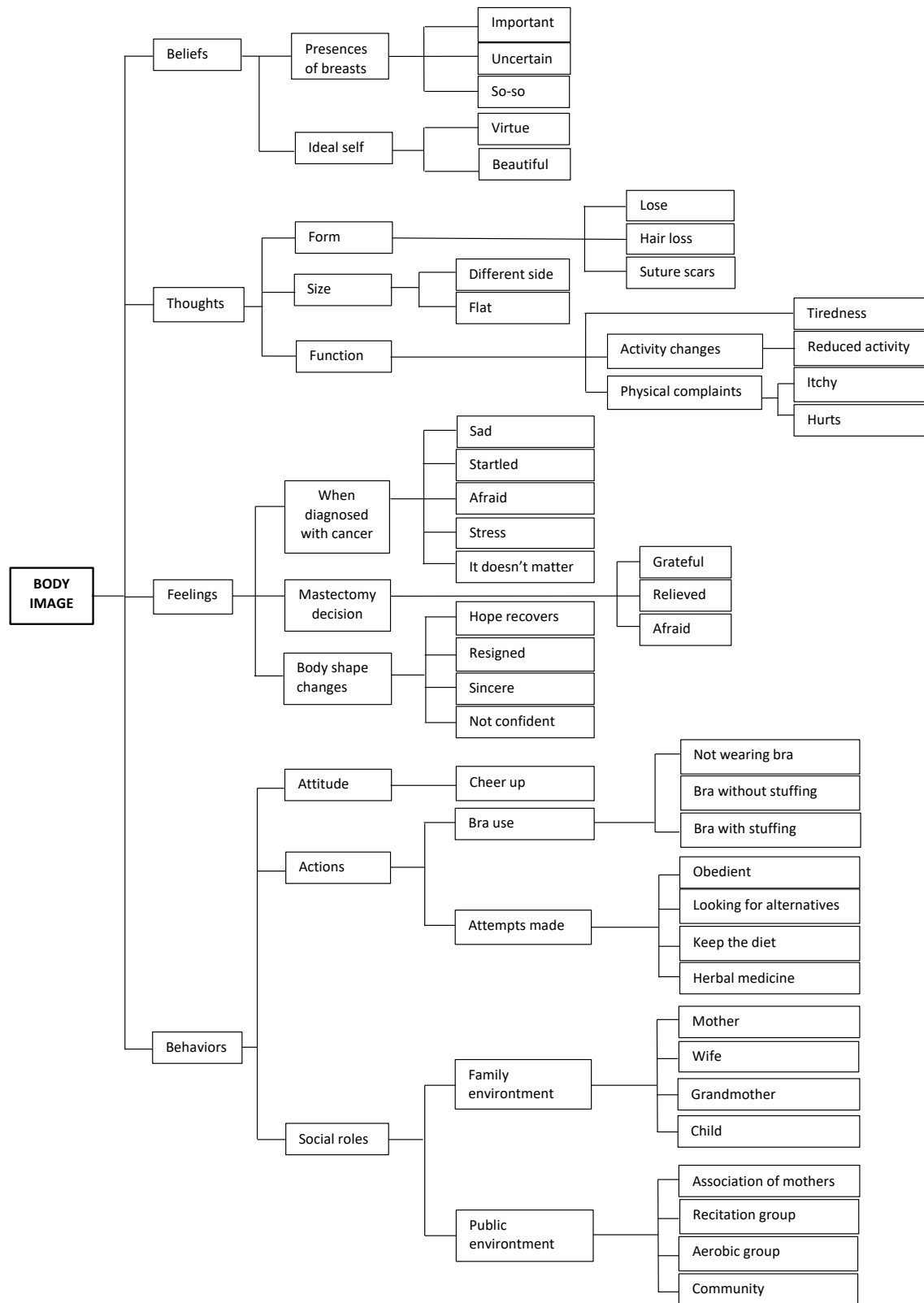


Figure 1. Body Image Categorization

"The important thing is good nature, being beautiful is relative." (P3)

Theme 2: Thoughts

Form. Perceptions of body shape changes experienced include feeling that something is missing, there are stitch marks, and hair loss. Feeling that something is missing in the body. This is because a person feels that he owns the body as a whole and when certain parts of his body are missing or not as before, it will cause loss.

"After the operation, now it's gone, what was usually there, held, and now it's gone, I thought, OK, this is what I've done. I must feel lost." (P3)

Hair loss occurs due to side effects of chemotherapy or radiotherapy.

"When I was bald, I cried, I cry every day" (P11)

Post-mastectomy clients also experience stitch marks due to the effects of surgery which reduce the aesthetics of the body.

"Just a scar due to incision, other than that there's nothing, I don't feel anything right now" (P15)

Size. The effect of a mastectomy apart from changing the body shape, some individuals also feel a change in the size of their breasts. Participants feel that their breasts are one sided and flat.

"I have never used a bra, I found out that this is big and small (while holding the breast alternately)" (P1)

"But even though mine is now gone, it's not like before, it's flat, it's okay, it doesn't look like I'm wearing a bra" (P5)

Function. Someone who undergoes removal of one or both breasts also experience changes in bodily functions such as fatigue, changes in activity and other physical complaints.

"If I'm too tired, it feels a bit thick. And I get tired more quickly than before the illness" (P9)

Activity decreased after experiencing pain and undergoing a mastectomy.

"Even though the activities are not as tight as before, sis, I'm still enthusiastic" (P12)

Physical complaints such as itching and pain were also experienced by most of the respondents.

"The skin looks like it's being pulled and the pain is a bit itchy." (P3)

"At night there is often pain like being pricked by a thousand needles and I apply medicine to warm the nerves. (P12).

Theme 3: Feelings

When diagnosed with cancer, of course, it was a blow to the participants so the participants felt sad, shocked, scared, and stressed and that's okay. This suggests that the participants in the early phase lost.

"...sad..." (P2, P3, P4, P5, P6, P8, P15)

"...shocked..." (P2, P4, P6, P8, P11, P14)

Mastectomy decision. Decision-making is influenced by several factors, one of which is the feeling of the individual making the decision. Positive feelings influence the outcome of decision-making. Most of the participants had positive feelings when deciding to undergo a mastectomy, namely, they were grateful and relieved and some felt afraid of undergoing surgery.

"...grateful..." (P2, P4, P6, P7, P10, P11, P14)

"...relieved..." (P3, P5, P12, P13, P14, P15)

"...scared..." (P3, P07)

Body shape changes that are experienced have an impact on changes in feelings that occur such as hope for recovery, surrender, and sincerity in facing breast cancer and the treatment being undertaken.

"I'm not ashamed because I want to get well." (P1).

"...resigned..." (P1, P3, P06, P08, P09, P12)

"...sincerely..." (P1, P6, P8, P13)

"Sometimes I don't have confidence" (P3)

Theme 4: Behaviors

Attitudes. Most of the participants expressed enthusiasm and struggled to fight against breast cancer.

"The important thing is that I have to keep my spirits up, I want to get well, and I have to get up." (P09)

Action. Lifting one or all of the breasts has a major influence on individual behavior or actions such as the use of a breast holder and the effort made.

"Because I still have one breast, I wear a bra that has foam." (P05)

"I wear a bra in which I stuff something in it with a handkerchief or cloth" (P03)

Most of the participants expressed the efforts

and endeavors they had made to fight cancer in their bodies, including by 1) following the advice of health workers, 2) seeking alternatives, 3) maintaining a diet, and 4) herbal treatment.

"I followed all the doctor's suggestions such as surgery, chemo, zometa, whatever I will do, all of this is my form of endeavor, hopefully it can relieve my pain." (P04)

"Every month I join my uncle for bekam, he said it can get rid of dirty blood" (P13)

"Maintain my diet, have fruit at home, don't eat what the doctor has forbidden." (P14)

"I drink herbal drinks made from white turmeric, propolis, and collagen milk" (P12)

Social roles. Fulfilment of roles in living daily life is also one of the categories that are of concern to the participants. Although experiencing changes in body condition, this does not change the role played by participants in everyday life. In domestic life, women play the role of mother, wife, grandmother, and child.

"Yes, if you're at home, you can be a wife and mother, be a housewife." (P08)

Changes in the physical condition experienced do not have an impact on reducing the ability to fulfill roles in society or the community.

"I am still actively working, when there are recitation activities, PKK dharmawanita I bring merchandise, ..., even though the activities are not as busy as before I am still enthusiastic" (P12)

"I join the cancer-survivor community" (P08)

DISCUSSION

Losing a breast through mastectomy can elicit various responses from individuals, both positive and negative. However, the majority of participants in this study were able to accept the changes in body shape resulting from post-mastectomy with sincerity and resignation. As a result, they exhibited high enthusiasm and hope for a more comfortable recovery. Lundberg & Phoosuwan (2022) stated that body image is an important aspect associated with the quality of life after breast cancer treatment. Body image is a complex construct that encompasses thoughts, feelings, evaluations, and behaviors related to one's body (Hosseini & Padhy, 2023). In this study, body image is categorized into four components: beliefs, thoughts, feelings, and behaviors. Body image is a subjective self-

assessment.

Beliefs refer to a person's convictions regarding the importance of body image in comparison to other aspects of their life (Rohmawati, 2017). In this study, post-mastectomy clients expressed the belief that the existence of their breast was significant, but if it harbored disease, its removal was inevitable. Furthermore, beliefs encompass the assessment of one's ideal self, which represents an individual's desired appearance and personality (Kiling & Kiling, 2015). The post-mastectomy clients in this study described the perfect woman as someone possessing positive characteristics and behavior. Positive self-ideals, such as an optimistic attitude and the ability to attain personal goals, can boost self-esteem. Higher self-esteem is associated with increased levels of happiness (Paz et al., 2022).

The ideal self-perception of participants in this study, particularly among the elderly, tended to focus on character and behavior, whereas younger and adult participants emphasized physical beauty. This aligns with previous studies indicating that older women in Korea and Lebanon displayed better functioning compared to younger individuals, while women under forty in Germany placed more emphasis on their body image than those over forty (Maharjan et al., 2018).

In this study, post-mastectomy clients believed that the removal of their breasts, despite resulting in changes in body shape, size, and function, would also eliminate their disease, fostering hope for recovery. Positive thinking plays a crucial role in improving body image. Individuals who think positively about their bodies exhibit a positive body image, leading to more positive feelings about their appearance and overall well-being (Stevens & Griffiths, 2020). Positive thinking can transform stressful situations, reduce negative emotions, alleviate stress, enhance problem-solving skills, and decrease anxiety levels (Rastogi et al., 2018).

Many participants in the study reported experiencing fatigue, leading them to reduce their activities. They also mentioned hair loss and physical complaints such as itching and pain in the surgical scars. These findings align with previous research on the quality of life of Croatian women after mastectomy, where hair loss and fatigue were identified as the most influential symptoms one month and one year after the procedure (Pačarić et

al., 2018). Upon receiving a cancer diagnosis, participants expressed feelings of sadness, shock, fear, and stress. Anxiety and depression can also manifest due to the loss of one or both breasts (The State of Queensland, 2018). These emotional responses align with Kubler Ross's theory of loss and grief, where the initial stages involve denial, anger, and depression before acceptance of the situation occurs. Participants not only verbalized their sadness upon receiving a breast cancer diagnosis but also displayed nonverbal expressions such as crying and sorrowful facial expressions. Crying serves as an expression of recalling past sad experiences. Previous research on Kubler Ross's psychological responses in cancer patients also found similar stages of denial, including responses such as fear, surprise, normalcy, sadness, crying, resignation, and readiness (Afuiakani et al., 2018).

Interestingly, some participants who shared their experience of receiving a cancer diagnosis went from tears to gradually appearing calm and even smiling happily when discussing their current situation and the acceptance of cancer and the mastectomy they underwent. Most participants demonstrated self-acceptance with an optimistic attitude, believing in their recovery. These findings align with previous research on Kubler Ross's psychological response in cancer patients, which shows an initial stage of denial followed by acceptance characterized by readiness, optimism about treatment, and confidence in recovery (Afuiakani et al., 2018). Post-mastectomy self-acceptance is influenced by various factors that impact the lives of women who have undergone the procedure (Irfan W & Masykur, 2022). The acceptance of participants with partners or husbands was found to be better and faster compared to those without partners, as they have someone to rely on and share their experiences with.

In this study, post-mastectomy clients expressed their patience by surrendering to God Almighty, accepting their fate, remaining grateful, seeking healing, and feeling relieved after their illness was addressed. These findings align with the research by Mufidah et al. (2022), which emphasizes the importance of patience in dealing with breast cancer. The benefits of patience include better emotional control, a calm and stable mind, and subjective well-being. Patience becomes a form of coping for individuals who have undergone mastectomy, allowing them to manage negative emotions and maintain a positive outlook, considering

their life journey as a destiny from God Almighty.

Despite the feeling of losing one or both breasts, post-mastectomy clients in the study followed the doctor's advice to undergo mastectomy. This decision was driven by their strong enthusiasm for recovery, prioritizing healing over appearance. These findings align with the research by Chuang, Hsu, Yin, & Shu (2018), which suggests that cancer patients feel more at ease after mastectomy, as they believe the removal of their breasts eliminates cancer and their focus is primarily on healing rather than appearance. In this study, some participants who did not undergo breast reconstruction opted to use a bra as a way to justify their post-mastectomy appearance. These findings align with the research by Chuang, Hsu, Yin, & Shu (2018), which indicates that mastectomy alters women's perception of their bodies. Many women seek to restore their changed bodies by addressing their appearance through the use of external prostheses and resuming their regular lives, aiming to regain a sense of control over their bodies and self-identities.

Around 53% of participants in this study chose to use a bra, either with or without padding, as a breast prosthesis. In Western countries, up to 90% of women utilize external breast prostheses, while in China, 60% of patients wear breast prostheses after mastectomy. It has been reported that women who use breast prostheses experience improved global health status, better body image perception, and increased feelings of femininity, attractiveness, and overall quality of life (Maharjan et al., 2018).

Other participants in this study chose not to wear a bra as an external prosthesis. They prioritized comfort, as the surgical scars from post-mastectomy sometimes caused rubbing, pressure, and pain. Older participants tended to opt out of wearing bras, instead choosing loose-fitting clothes and headscarves that covered their breasts to conceal any perceived deficiencies. The United Kingdom National Health Service (NHS) advises post-mastectomy clients to wear a binder (an elastic material worn around the chest area with a Velcro fastener at the front to help reduce swelling and bruising), a post-operative bra, and a wireless sports bra (Senior Breast Clinical Nurse Specialist, 2019). Guidelines regarding breast prostheses, bras, and clothing after breast surgery recommend choosing bras with soft seams, a wide underband, deep front and side panels, full cups, cup separation, fully

adjustable straps, a simple design, and no underwires. These features help support the breast during the recovery phase, as well as accommodate nerve repair and skin changes resulting from radiotherapy (Breast Cancer Now The Research & Support Charity, 2022).

Some participants in this study had undergone or planned for breast reconstruction. They reported having a better body image compared to other post-mastectomy clients who did not undergo reconstruction, as they felt more satisfied with their current bodies. These findings align with previous studies showing that patients who underwent autologous reconstruction experienced higher satisfaction with their breasts, as well as greater psychosocial and sexual well-being compared to those who underwent implant reconstruction (Santosa et al., 2018). Post-mastectomy clients of younger age, particularly those who are still in their productive years, tend to opt for breast reconstruction. This corresponds with the research by Olasehinde et al. (2019), which suggests that young women are more inclined to undergo breast reconstruction as opposed to conservative mastectomy, as it is associated with significantly higher psychosocial well-being in terms of body image and sexual desire.

Participants in this study displayed less concern about their appearance compared to before, as they now place greater value on their bodies and take responsibility for their health. Their enthusiasm for achieving healing was demonstrated through their pursuit of alternative and herbal treatments and their commitment to maintaining a healthy diet. Alternative and herbal medicine serve as forms of complementary therapy, which is consistent with previous research exploring the experiences of breast cancer patients utilizing complementary therapies such as acupuncture/acupressure, tai chi/qi gong, hypnosis, meditation, music therapy, yoga, massage, reflexology, Reiki, and aromatherapy (Behzadmehr et al., 2020).

Optimism about recovery is a significant factor influencing the adaptation of individuals with breast cancer who undergo mastectomy. Breast cancer patients need to cultivate positive expectations regarding their recovery to prevent their condition from worsening. Optimism about recovery plays a role in the adaptation to chronic conditions such as breast cancer. The participants in this study displayed a sense of optimism through their efforts to seek medical treatment, explore

alternative therapies, maintain a healthy diet, and utilize herbal medicines. Their efforts were accompanied by prayer and worship to God Almighty for healing. The participants expressed their hope to recover from breast cancer and resume their daily activities. Hope has been found to be associated with the quality of life of breast cancer survivors (Shen et al., 2020). Returning to pre-illness activities is a shared aspiration for individuals experiencing limitations, whether due to illness or other circumstances. However, post-surgery, it is necessary to exercise activity control by engaging in basic and light tasks. The majority of participants in this study reported reducing their activities with family support to minimize fatigue and concerns about recurrence.

Despite undergoing various post-mastectomy medical procedures such as chemotherapy, radiation, or hormonal therapy, the participants in this study were able to continue fulfilling their roles within their families. They were able to carry out light household tasks. These findings align with the research by Chuang et al. (2018), which suggests that maintaining daily activities can serve as a means to restore self-identity. By demonstrating their ability to carry out their family responsibilities as before, women assert that they remain unchanged following mastectomy.

Aside from fatigue, many participants reported experiencing itching sensations on their suture scars. Itching occurs when a stitched wound enters the proliferative stage, during which cells migrate from the body to the wound bed to aid in wound closure. As these various cells come together, the skin experiences tension, resulting in itching sensations. To alleviate itchiness from stitches, various measures can be taken, such as applying warm compresses, staying hydrated, using oils like olive oil, using fragrance-free and dye-free detergents for washing clothes, and utilizing natural ingredients like cocoa butter and silicone that are known to promote scar healing (IDN media, 2020). Unmarried participants tended to have a positive body image as they exhibited better physical performance and expressed hope for future breast reconstruction. This finding is consistent with research conducted in Nepal, India, Spain, Lebanon, and the United States, which suggests that unmarried women demonstrate better physical performance and experience better quality of life compared to married women (Maharjan et al., 2018).

The development of a positive body image

in breast cancer patients is closely tied to the support provided by their families, especially their children, spouses, grandchildren, and parents, with regards to their appearance. Despite undergoing mastectomy and the loss of one or both breasts, the participants did not feel regret or embarrassment about their current appearance because their families consistently offered positive support and accepted their perceived imperfections. This finding corresponds to the research conducted by Doori et al. (2022), which highlights the direct relationship between perceived social support and body image in women with breast cancer.

In stressful situations arising from changes in body shape, individuals often experience emotional distress, which can lead to depression, anxiety, and low self-esteem. Support from friends and family can help individuals feel valued and loved by others. Acceptance from close relationships aids in the process of reintegrating into society and enables individuals to accept the physical changes they have undergone (Puspita et al., 2017). The findings of this study indicate that body image encompasses an individual's beliefs, thoughts, feelings, and behaviors related to accepting their physical condition, understanding their abilities realistically, and being satisfied with themselves. Individuals in this state are consciously aware of their weaknesses, refrain from complaining, and remain resilient, indicating good self-acceptance. This aligns with Kubler-Ross (1969), which defines acceptance as the ability to face reality rather than giving up hope.

Self-acceptance for individuals who have undergone mastectomy is not an easy process. It involves being kind to oneself and finding happiness even when faced with the challenges of the disease. Self-acceptance acts as an internal source that influences a woman's coping process with compassion (Setiawan et al., 2021). Effective coping strategies also contribute to breast cancer survivors' ability to accept themselves and the changes that occur after mastectomy.

The body image experienced by the participants in this study is consistent with Kubler-Ross' theory of grieving and loss. According to Kubler-Ross (1969) the grieving response is characterized by behavior and encompasses five stages: denial, anger, bargaining, depression, and acceptance. The grieving response observed in cancer

patients stems from the loss they experience either before or during therapy. It is well-known that grief is a normal response to any loss. Emotionally, the response to loss is often manifested through feelings of sadness, anxiety, restlessness, difficulty sleeping, and crying (Herdman & Kamitsuru, 2019). In the phase of acceptance of body image observed in post-mastectomy clients in this study, participants accept the changes in their body shape, size, and function. They exhibit patience by surrendering and willingly accepting their situation, maintain optimism for recovery, make efforts to enhance their body image by using prostheses to increase self-confidence, and actively engage in their family and community roles.

Limitations

The validation of the interview results with participants was conducted online via WhatsApp due to the conditions of the COVID-19 pandemic and the Community Activity Restrictions program. This program is one of the policies implemented by the Government of the Republic of Indonesia to encourage people to stay at home and prohibit public gatherings, making it impossible to meet with the participants in person.

CONCLUSION

The description of body image in post-mastectomy clients encompasses their beliefs, thoughts, feelings, and behaviors. This response is influenced by several factors, including the belief in the importance of breasts, optimism about achieving one's ideal self, thoughts regarding changes in the body, self-acceptance, acceptance by others, enthusiasm for healing and comfort, and the role played in society.

Declaration of Interest

None

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Data Availability

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

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